

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V58040 (9)

1. Corporation Name
THE JEWEL CORNER, INC.

Principal Place of Business
6076 OKEECHOBEE BLVD
BAY 17
WEST PALM BEACH FL 33417
US

Mailing Address
6076 OKEECHOBEE BLVD
BAY 17
WEST PALM BEACH FL 33417
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/12/1992
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 11-1181186
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

VEREBAY, LAYNE
190 N.E. 199TH STREET
SUITE 204
N. MIAMI FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
		PD ZWICKEL, IRVING	6076 OKEECHOBEE BLVD BAY 17 W. PALM BEACH FL		<input type="checkbox"/>
		STD ZWICKEL, ARLENE	6076 OKEECHOBEE BLVD BAY 17 W. PALM BEACH FL		<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	1.1				<input type="checkbox"/>
	1.2				<input type="checkbox"/>
	1.3				<input type="checkbox"/>
	1.4				<input type="checkbox"/>
	2.1				<input type="checkbox"/>
	2.2				<input type="checkbox"/>
	2.3				<input type="checkbox"/>
	2.4				<input type="checkbox"/>
	3.1				<input type="checkbox"/>
	3.2				<input type="checkbox"/>
	3.3				<input type="checkbox"/>
	3.4				<input type="checkbox"/>
	4.1				<input type="checkbox"/>
	4.2				<input type="checkbox"/>
	4.3				<input type="checkbox"/>
	4.4				<input type="checkbox"/>
	5.1				<input type="checkbox"/>
	5.2				<input type="checkbox"/>
	5.3				<input type="checkbox"/>
	5.4				<input type="checkbox"/>
	6.1				<input type="checkbox"/>
	6.2				<input type="checkbox"/>
	6.3				<input type="checkbox"/>
	6.4				<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arlene Zwickel ARLENE ZWICKEL

2/17/98 561-697-3141

CR2E034 (10/97)