

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **542296** (9)
1. Corporation Name
CAPE CORAL JEWELERS, INC.



Principal Place of Business: **1314 CAPE CORAL PARKWAY SUITE 1 CAPE CORAL FL 33904**
Mailing Address: **1314 CAPE CORAL PARKWAY SUITE 1 CAPE CORAL FL 33904**

2. Principal Place of Business		2a. Mailing Address	
21	25	26	30
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
Country		Country	
24	25	29	30

3. Date Incorporated or Qualified 08/05/1977	3a. Date of Last Report 04/27/1995
4. FEI Number 59-1767297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZAK, RAMIRO 1314 CAPE CORAL PARKWAY SUITE 1 CAPE CORAL FL 33904				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAK, SARA	1.2 NAME	
STREET ADDRESS	1314 CAPE CORAL PARKWAY	1.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL	1.4 CITY-STATE-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAK, RUBEN S	2.2 NAME	
STREET ADDRESS	4321 SE 16TH PL	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL	2.4 CITY-STATE-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSANIO, TOM	3.2 NAME	
STREET ADDRESS	4908 S.W. 9TH PLACE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL	3.4 CITY-STATE-ZIP	
TITLE	VPD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAK, CHRISIAN	4.2 NAME	
STREET ADDRESS	1314 CAPE CORAL PARKWAY	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CAPE CORAL FL	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Thomas V. Rosario* **THOMAS V. ROSANIO** 3-19-96 991 5427766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)