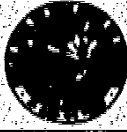


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705875** (3)
1. Corporation Name
FLORIDA JEWELERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
11808-A N 56TH ST. TAMPA FL 33617-1831 US **11808-A N 56TH ST. TAMPA FL 33617-1631 US**

2. Principal Place of Business 2a. Mailing Address
21 11812-A N 56TH ST **2a 11812-A N 56TH ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 TAMPA FL **27 TAMPA FL**
City & State City & State
23 33617 US **29 33617 US**
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **07/09/1963** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-1680789** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STREEPER, MICHAEL W
11808-A N. 56TH ST.
TAMPA FL 33617
81 Name **STREEPER, MICHAEL W.**
82 Street Address (P.O. Box Number is Not Acceptable) **11812-A N 56TH ST**
83
84 City **TAMPA** 85 Zip Code **FL 33617**

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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROMBERG, CLAYTON 2044 SAN MARKO BLVD. JACKSONVILLE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD STACKS, BONNIE 11 N ORANGE AVE ORLANDO FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STACKS, BONNIE 11 N ORANGE AVE ORLANDO FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD ZEITERS, HOLLY WESCHE 2909 W NEW HAVEN AVE MELBOURNE FL 32904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WESCHE-ZEITERS, HOLLY 2909 W NEW HAVEN AVE MELBOURNE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD NICHOLLS, BARRY 5455 AIRPORT RD N. NAPLES FL 33942 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORMAN, JOHN 365 MIRACLE MILE CORAL GABLES FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M STREEPER, MICHAEL W. 11808-A N 56TH ST TAMPA FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	MD STREEPER, MICHAEL W. 11812-A N 56TH ST TAMPA FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael W. Streper* **MICHAEL W. STREEPER**
EXEC. DIRECTOR **04/14/95** (813)988-0737
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Date (Daytime Phone #)