

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 705875 (3)

1. Corporation Name  
**FLORIDA JEWELERS ASSOCIATION, INC.**



Principal Place of Business: 11812-A N. 56TH ST. TAMPA FL 33617 US  
Mailing Address: 11812-A N 56TH ST. TAMPA FL 33617 US

3. Date Incorporated or Qualified: 07/09/1963  
3a. Date of Last Report: 04/19/1995  
4. FEI Number: 59-1680789  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**STREEPER, MICHAEL W  
11812-A N 56TH ST  
TAMPA FL 33617**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	STACKS, BONNIE	
STREET ADDRESS	11 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZEITERS, HOLLY E	
STREET ADDRESS	2809 NW NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NICHOLLS, BARRY	
STREET ADDRESS	5455 AIRPORT ROAD N.	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MOORMAN, JOHN	
STREET ADDRESS	365 MIRACLE MILE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	STREEPER, MICHAEL W	
STREET ADDRESS	11812-A N 56TH ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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 STREEPER *Michael W. Streeper* 4/30/96 (813)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)