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May 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
11812-A N. 56TH ST. TAMPA FL 33617 US  
11812-A N 56TH ST. TAMPA FL 33617-1652 US

3. Date Incorporated or Qualified 07/09/1963  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-1680789 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STREEPER, MICHAEL W  
11812-A N 56TH ST  
TAMPA FL 33617

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 *Michael W Streeper* MICHAEL W STREEPER, EXEC DIRECTOR 04/15/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	2909 NW NEW HAVEN AVENUE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" 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		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BILL BARNETT	
1.3 STREET ADDRESS	1 INDEPENDENT DR	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MICHAEL STACKS	
2.3 STREET ADDRESS	49 N ORANGE AVE	
2.4 CITY-ST-ZIP	ORLANDO FL	
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHERYL COOK	
4.3 STREET ADDRESS	150 S BEACH ST	
4.4 CITY-ST-ZIP	DAYTONA BEACH FL	
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 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 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, EXEC DIR 04/15/97 (813)988-0737

CR2E037 (9/96)