

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified  
07/09/1963

4. FEI Number  
59-1680789

Applied For	Not Applicable
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2. Principal Place of Business

2a. Mailing Address

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

21. Suite, Apt. #, etc.

22. City & State

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

23. Zip Country

24. Zip Country

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

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. Streep* DATE 4/7/98  
Signature by CEO or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNETT, BILL	
STREET ADDRESS	1 INDEPENDENT DR.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STACKS, MICHAEL	
STREET ADDRESS	49 N ORANGE AVE.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COOK, SHERYL	
STREET ADDRESS	150 S. BEACH ST.	
CITY - ST - ZIP	DAYTONA BEACH 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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. Streep* MICHAEL W. STREEPER 4/7/98 (813)988-0737

CR2E037 (10/97)