

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 852815 (0)

1. Corporation Name
FRAZE JEWELRY, INC.

Principal Place of Business
1077 TAMPA BAY CENTER
TAMPA FL 33607
US

Mailing Address
1077 TAMPA BAY CENTER
TAMPA FL 33607-6226
US



3. Date Incorporated or Qualified 05/07/1982 3a. Date of Last Report 04/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 35-1495206		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> No	
24 Country		29 Country		30		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

FRAZE, LOWELL
607 SHELLCRACKER
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name RICHARD L. FRAZE
82 Street Address (P.O. Box Number is Not Acceptable) 700 DRUID WAY
83
84 City LUTZ FL 85 Zip Code 33549

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: [Signature] PRESIDENT RICHARD FRAZE 1/2/97
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 S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZE, ANNA J		1.2 NAME	
STREET ADDRESS 607 SHELL CRACKER CT		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33613		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZE, RICHARD L		2.2 NAME FRAZE, RICHARD	
STREET ADDRESS 15108 LYNX DRIVE		2.3 STREET ADDRESS 700 DRUID WAY	
CITY-ST-ZIP TAMPA FL 33624		2.4 CITY-ST-ZIP LUTZ, FL 33549	
TITLE P	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZE, LOWELL A		3.2 NAME	
STREET ADDRESS 607 SHELL CRACKER COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33613		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE FRAZE, CINDY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRAZE, CINDY		4.2 NAME	
STREET ADDRESS 15108 LYNX DRIVE		4.3 STREET ADDRESS 700 DRUID WAY	
CITY-ST-ZIP TAMPA FL 33624		4.4 CITY-ST-ZIP LUTZ, FL 33549	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: [Signature] PRESIDENT RICHARD FRAZE 1/2/97 813-870-1606
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)