

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J18285 (3)**

1. Corporation Name
THE JEWELRY GALLERY, INCORPORATED



Principal Place of Business	Mailing Address
4700 BABOCK ST NE #9 PALM BAY FL 32905	4700 BABOCK ST NE #9 PALM BAY FL 32905

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1545 WEST NEW HAVEN AVE	26 1545 WEST NEW HAVEN AVE			06/06/1986	05/01/1995
22 Suite, Apt #, etc	27 Suite, Apt #, etc			4. FEI Number	Applied For / Not Applicable
23 WEST MELBOURNE, FL	28 WEST MELBOURNE FL			59-2739752	
24 32904	25 U.S.A.	29 32904	30 USA	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 <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSHTO, JANICE 155 CORTEZ ST. MELBOURNE BEACH FL 32951				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	ROSHTO, JANICE	12 NAME	
STREET ADDRESS	155 CORTEZ	13 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	ROSHTO, BRADLEY	22 NAME	
STREET ADDRESS	155 CORTEZ	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I 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 a new address.

SIGNATURE: *Brad Roshto* BRAD ROSHTO, PRESIDENT 8/05/96 (407) 9840757

CR2E034 (3/96)