

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000001492 (7)

1. Corporation Name

SHOWCASE INTERNATIONAL INC

Principal Place of Business

Mailing Address

2242 WASHINGTON ST.
HOLLYWOOD FL 33020

2242 WASHINGTON ST.
HOLLYWOOD FL 33020

2. Principal Place of Business

2a. Mailing Address

2b

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

28

City & State

29

City & State

30

Zip

24

Country

25

Zip

26

Country

27

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

8a. Yes No

9. Name and Address of Current Registered Agent

EVERTON, JONES
2242 WASHINGTON ST
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

03/28/1994

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0487238 | Not Applicable |

| | | |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

| | | |
|--|--------------------------|-----------------------------|
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| 7. Is this nonprofit corporation a homeowners association? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|---|------------------------------|-----------------------------|
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

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

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 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVERTON, JONES | | 1.2 NAME | |
| STREET ADDRESS | 2242 WASHINGTON ST | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL 33020 | | 1.4 CITY-ST-ZIP | |
| TITLE | DT | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASPER M.B. MANNIX | | 2.2 NAME | |
| STREET ADDRESS | 1320 NW 198 ST | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33169 | | 2.4 CITY-ST-ZIP | |
| TITLE | D | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STANFORD PHILIP | | 3.2 NAME | |
| STREET ADDRESS | 4443 NW 2035 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33055 | | 3.4 CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| 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 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: *Everton Jones*

4/20/98 (954) 730-4328

CR2E037 (1097)