

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 08 1996 8:00 am  
Secretary of State

**DOCUMENT # P34110 (7)**  
1. Corporation Name  
**TIAC DIAMOND AND JEWELRY BROKERAGE, INC.**



Principal Place of Business Mailing Address  
**14845 N DALE MABRY TAMPA FL 33618 US**

3. Date Incorporated or Qualified **05/13/1991** 3a. Date of Last Report **06/22/1995**  
4. FEI Number **36-3756839** Applied For Not Applicable  
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  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip 28. Zip Country 29. Zip Country  
24. 25. 29. 30.

**9. Name and Address of Current Registered Agent**

**EPSTEIN, ADAM N  
8649 N HIMES  
SUITE 907  
TAMPA FL 33614**

**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 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 of registered agent or officer or director (delete if applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>CDP EPSTEIN, ADAM</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>8649 N HIMES TAMPA FL</b>		1.2 NAME	
12.3 CITY-STATE-ZIP: <b>TAMPA FL</b>		1.3 STREET ADDRESS	
12.4 TITLE: <b>VCD</b>	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
12.5 NAME: <b>EPSTEIN, LESLEY</b>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS: <b>8649 N HIMES TAMPA FL</b>		2.2 NAME	
12.7 CITY-STATE-ZIP: <b>TAMPA FL</b>		2.3 STREET ADDRESS	
12.8 TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
12.9 NAME: <b>EPSTEIN, LESLEY</b>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS: <b>8649 N HIMES TAMPA FL</b>		3.2 NAME	
12.11 CITY-STATE-ZIP: <b>TAMPA FL</b>		3.3 STREET ADDRESS	
12.12 TITLE:	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
12.13 NAME:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS:		4.2 NAME	
12.15 CITY-STATE-ZIP:		4.3 STREET ADDRESS	
12.16 TITLE:	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
12.17 NAME:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS:		5.2 NAME	
12.19 CITY-STATE-ZIP:		5.3 STREET ADDRESS	
12.20 TITLE:	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
12.21 NAME:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS:		6.2 NAME	
12.23 CITY-STATE-ZIP:		6.3 STREET ADDRESS	
12.24 TITLE:	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP	
12.25 NAME:			
12.26 STREET ADDRESS:			
12.27 CITY-STATE-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 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 on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96 1396-8555  
Date Daytime Phone #

CR2E034 (12/95)