FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 14 AM 11:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000037832 (1)**

1. Corporation Name
SHOWCASE GROUP, INC.

Principal Place of Business	Mailing Address
330 SE 2ND AVE DEERFIELD BEACH FL 33441 US	330 SE 2ND AVE DEERFIELD BEACH FL 33441 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 1794 W 48th Ave
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Deerfield Beach FL
Zip — 24
County — 25
Zip — 29
County — 30: BROWARD

4. FEI Number: 65-0411819 ☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRADY, ALAN E ESQ
608 SE 6TH ST
SUITE 7
FT LAUDERDALE FL 33301

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: Alan E Brady — 7/6/95
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	P	11 TITLE		☐ Change ☐ Addition
NAME	GLEASON, BRUCE	12 NAME		
STREET ADDRESS	1150 HILLSBOROR MILE #408	13 STREET ADDRESS		
CITY-ST-ZIP	HILLSBORO BCH FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	VMILE, MICHAEL P	22 NAME		
STREET ADDRESS	112 CENTENNIAL CT	23 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	CALVACHE, GUIDO J	32 NAME		
STREET ADDRESS	252 NW 47TH TERR	33 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BCH FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	ZABIK, VINCE	42 NAME		
STREET ADDRESS	1090 SW 15TH ST	43 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
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)(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 on an attachment with an address.

SIGNATURE: Alan E Brady — 7-6-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0268426 CP