

**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

DOCUMENT # P95000078514 (3)

1. Corporation Name  
**MAMER'S JEWELRY, INC.**



Principal Place of Business: 704 OAKRIDGE DRIVE, INDIALANTIC FL 32903  
Mailing Address: 704 OAKRIDGE DRIVE, INDIALANTIC FL 32903

|   |                     |                     |                     |   |  |
|---|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business                              |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified   | 3a. Date of Last Report  |
| 21  | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 10/09/1995  |  |
| 22  | City & State        | 27                  | City & State        | 4. FEI Number   | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 23  | Zip                 | 28                  | Zip                 | 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required                                    |
| 24  | Country             | 29                  | Country             | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> \$5.00 May Be Added to Fees                                       |
| 9. Name and Address of Current Registered Agent             |                     |                     |                     | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  |
| MAMER, ROMAIN<br>704 OAKRIDGE DRIVE<br>INDIALANTIC FL 32903 |                     |                     |                     | <input type="checkbox"/> Yes <input checked="" 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   |
|   |                     |                     |                     | 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | PSTD<br>MAMER, ROMAIN<br>704 OAKRIDGE DRIVE<br>INDIALANTIC FL 32903 | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 1.2 NAME  |   |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | V<br>MAMER, RITA<br>704 OAKRIDGE DRIVE<br>INDIALANTIC FL 32903      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 2.2 NAME  |   |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 3.2 NAME  |   |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |   | 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                      |   | 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                      |   | 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                                       |   |

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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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 02/28/1996. (407)-727-0399

CR2E034 (12/95)