

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # V24804 (9)**

1. Corporation Name  
**THE JEWELRY MAKER, INC.**



Principal Place of Business

**2110 SARNO RD.  
MELBOURNE FL 32835**

Mailing Address

**2110 SARNO RD.  
MELBOURNE FL 32835-3002**

3. Date Incorporated or Qualified  
**03/27/1992**

3a. Date of Last Report  
**11/21/1996**

2. Principal Place of Business

**21 7025 N. WICKHAM RD.**

Suite, Apt. #, etc.

**22 107**

City & State

**23 MELBOURNE FLORIDA**

Zip

**24 32940**

Country

**25 BREVARD**

2a. Mailing Address

**26 SAME**

Suite, Apt. #, etc.

**27 SAME**

City & State

**28 SAME**

Zip

**29 SAME**

Country

**30 SAME**

4. FEI Number

**59-3120207**

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

9. Name and Address of Current Registered Agent

**CACCHIO, ANTHONY  
2110 SARNO RD.  
MELBOURNE FL 32835**

10. Name and Address of New Registered Agent

**81 Name ANTHONY CACCHIO**  
**82 Street Address (P.O. Box Number is Not Acceptable) 7025 N. WICKHAM RD.**  
**83 SUITE # 107**  
**84 City MELBOURNE FL 85 Zip Code 32940**

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]*

**ANTHONY CACCHIO**

**2/3/97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>CACCHIO, ANTHONY</b>	
STREET ADDRESS	<b>298 STENDAL RD. NW</b>	
CITY - ST - ZIP	<b>PALM BAY FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>CACCHIO, DENISE L.</b>	
STREET ADDRESS	<b>298 STENDAL RD. NW</b>	
CITY - ST - ZIP	<b>PALM BAY FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIMM, MICHAEL R.</b>	
STREET ADDRESS	<b>#9 ISLAND DR, CONDO #602</b>	
CITY - ST - ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>MOSINAK, EDWARD A SR</b>	
STREET ADDRESS	<b>5161 MARTIN LANE</b>	
CITY - ST - ZIP	<b>WEST MELBOURNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DV</b>
4.3 STREET ADDRESS	<b>MOSINAK, EDWARD A SR.</b>
4.4 CITY - ST - ZIP	<b>1099 ALBION ST. NW. PALM BAY, FL. 32907</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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]*

**ANTHONY CACCHIO**

**PRESIDENT 2/3/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)