

**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 # **640650** (8)

1. Corporation Name  
**JEWELERS INTERNATIONAL SHOWCASE, INC.**



Principal Place of Business: **6405 CONGRESS AVE SUITE #125 BOCA RATON FL 33487-2844 US**  
Mailing Address: **6405 CONGRESS AVE SUITE #125 BOCA RATON FL 33487-2844 US**

2. Principal Place of Business: 21, 22, 23, 24, 25  
2a. Mailing Address: 26, 27, 28, 29, 30  
*(SAME AS ABOVE)*

3. Date Incorporated or Qualified: **08/28/1979**  
3a. Date of Last Report: **03/31/1995**  
4. FEI Number: **59-1949278**  
5. Certificate of Status Desired: **XX** \$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: **XX** Yes  No

9. Name and Address of Current Registered Agent: **CHABROW, PENN B, ESQ C/O WAMPLER, BUCHANAN, & BREEN, P.A. 777 BRICKELL AVENUE SUITE 900 MIAMI FL 33131**  
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESLOW, MICHAEL G.	2. NAME	
STREET ADDRESS	6711 NEWPORT LAKE CIRCLE	3. STREET ADDRESS	33496-3004 (ZIP CODE)
CITY- ST- ZIP	BOCA RATON FL	4. CITY- ST- ZIP	
TITLE	STD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, FRANK L	6. NAME	
STREET ADDRESS	14000 SW 99TH COURT	7. STREET ADDRESS	33176 (ZIP CODE)
CITY- ST- ZIP	MIAMI FL	8. CITY- ST- ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY- ST- ZIP		12. CITY- ST- ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY- ST- ZIP		16. CITY- ST- ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY- ST- ZIP		20. CITY- ST- ZIP	
TITLE		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY- ST- ZIP		24. CITY- ST- ZIP	

14. I do hereby certify that the information specified with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(g), 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, on an attachment with an address.

SIGNATURE: *[Signature]* MICHAEL G. CARTER, PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 3/13/96  
EXPIRES: 407-998-0205

CR2E034 (12/95)