

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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 33487-2827 \* US**  
**\*PLEASE CORRECT ZIP CODE**

3. Date Incorporated or Qualified: **08/28/1979**  
3a. Date of Last Report: **03/18/1996**

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

4. FEI Number: **59-1949278**  
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:  
**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 (81-85):  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRESLOW, MICHAEL G.	
STREET ADDRESS	6711 NEWPORT LAKE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KAPLAN, FRANK L	
STREET ADDRESS	14000 SW 99TH COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>33496-3004 (ZIP CODE)</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33176 (ZIP CODE)</b>
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **MICHAEL G. BRESLOW, CEM-PRESIDENT**

CR2E034 (9/96)