Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90081 033 ***150.00

PROFIT -**CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 542478

HIGHLA	NDS JEWELERS, INC.				
Principal Plan	on of Rusiness	Mailing Address	: •		OLEN AFON CICII GION OLEN IGON
Principal Place of Business Mailing Address 3750 US 27 NORTH #1A 3750 US 27 NO SEBRING FL 33870 SEBRING FL 33					
)				DO NOT WRITE IN THI	S SPACE
[3. Date Incorporated or Qualifed 08/08/1977	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1769208	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Sta	te ·	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year I	ntangible
24	25	29	30	Personal Property Tax.	☐ Yes 🖾 🖟 o
	9. Name and Address of Curre			10. Name and Address of New Registere	d Agent
375 SEB	registered agent, or both, in the State am familiar with, and accept the oblic	502 and 607.1508, Florida Statt e of Florida. Such change was pations of, Section 607.0505, Fl	84 City Lates, the above-named corauthorized by the corporal		of changing its registered ointment as registered 8/99
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STUART, HENRY C		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 00000	····	1.4 CITY-ST-ZIP		DOI: D Addition
TITLE	PDT	☐ DELETE	. 2.1 TITLE		☐ Change ☐ Addition
NAME	STUART, CHARLES R		2.2 NAME	•	
STREET ADDRESS	* I		23 STREET ADDRESS	•	
CITY-ST-ZIP	SEBRING, FL 00000	· · · · · · · · · · · · · · · · · · ·	2.4 CITY-ST-ZIP		Da D 1 100
TITLE	ST	☐ DELETE	3.1 TMLE		☐ Change ☐ Addition
NAME	STUART, CHARLES R		3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		·	4. 2 NAME		

CITY-ST-ZIP 14. I 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, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

DELETE

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Change

Addition

Addition