

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 542478 (3)

1. Corporation Name

HIGHLANDS JEWELERS, INC.



Principal Place of Business

Mailing Address

**3750 US 27 NORTH #1A
SEBRING FL 33870**

**3750 US 27 NORTH #1A
SEBRING FL 33870**

2. Principal Place of Business

2a. Mailing Address

21 Subst., Apt., #, etc.

26 Subst., Apt., #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**STUART, HENRY C, %H'LAND JEWLY
3750 US 27 NORTH #1A
SEBRING FL 33870**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

08/08/1977

3a. Date of Last Report

05/01/1995

4. FLE Number

59-1769208

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. 190.032,
Florida Statutes Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0509 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of the person acting as the registered agent

Signature of the person acting as the registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	STUART, HENRY C	
STREET ADDRESS	% HIGHLDS JEWELERS	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	STUART, CHARLES R	
STREET ADDRESS	% HIGHLDS JEWELERS	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STUART, CHARLES R	
STREET ADDRESS	% HIGHLANDS JEWELERS	
CITY-ST-ZIP	SEBRING FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 trustee 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 affidavit.

SIGNATURE:

Charles R. Stuart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(941) 385-4909

CR2E034 (12/95)