

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 # **P17951** (5)

1. Corporation Name
BELDEN JEWELERS INC.



Principal Place of Business: **375 GHENT ROAD AKRON OH 44333**
 Mailing Address: **375 GHENT ROAD AKRON OH 44333**

3. Date Incorporated or Qualified: **02/09/1988**
 3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
 21. Street, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country

2a. Mailing Address
 26. Street, Apt. #, etc.
 27. City & State
 28. Zip
 29. Country

4. FEI Number: **34-0630873**
 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
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 B1. Name
 B2. Street Address (P.O. Box Number is Not Acceptable)
 B3.
 B4. City
 FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: _____ NAME: PCD LIGHT, NATHAN R. STREET ADDRESS: 375 GHENT ROAD CITY, ST, ZIP: AKRON OH	<input type="checkbox"/> DELETE	1.1 TITLE: _____ 1.2 NAME: Terry L. Burman 1.3 STREET ADDRESS: _____ 1.4 CITY, ST, ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: O'BRIEN, GARY STREET ADDRESS: ZENITH HOUSE CITY, ST, ZIP: LONDON UK	<input type="checkbox"/> DELETE	2.1 TITLE: _____ 2.2 NAME: Walker Boyd 2.3 STREET ADDRESS: _____ 2.4 CITY, ST, ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: VTD MILLER, RICHARD W. STREET ADDRESS: 375 GHENT ROAD CITY, ST, ZIP: AKRON OH	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: VPF KLEIN, TERENCE J. STREET ADDRESS: 375 GHENT RD CITY, ST, ZIP: AKRON OH	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: SD FRANKOVICH, GEORGE STREET ADDRESS: 375 GHENT ROAD CITY, ST, ZIP: AKRON OH	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY, ST, ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(c), 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, 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 I am providing an alternate contact with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George Frankovich Secretary

01-24-96
 (216) 668-5000

CR2E034 (12/95)