

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 PM 5:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063871

1. Corporation Name
HEAVENLY INSPIRATIONS CUSTOM JEWELRY, INC.

Principal Place of Business Mailing Address
2401 NE 34 COURT 2401 NE 34 COURT
LIGHTHOUSE PT., FL LIGHTHOUSE PT., FL
33064 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 9/7/93	3a. Date of Last Report 1994
4. FEI Number 65-0441454	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

LINDA, S GALLA
2401 NE 34 COURT
LIGHTHOUSE PT., FL 33064

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Linda S. Galla, President* DATE: 3/17/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	LINDA S GALLA	2401 NE 34 COURT	LIGHTHOUSE PT., FL 33064	
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VICE PRESIDENT	ANNE K. GALLA	2401 NE 34 COURT	LIGHTHOUSE PT., FL 33064	
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY/TREASURER	MARGARET STEVENS	2621 NE 49 ST.	LIGHTHOUSE PT., FL 33064	
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	<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 190.07(3)(b), 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.

SIGNATURE: *Linda S. Galla* LINDA S GALLA DATE: 3/17/95 (305) 785-9900

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone Number