

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

0196578

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90304 001 \*1,050.00

|                                                    |                                                                                   |                                                                                                          |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # K28350**  
 1. Corporation Name  
**AMERICAN HOROLOGICAL CORPORATION**



|                                                                              |                                                                  |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business<br>283 CATALONIA AVENUE<br>CORAL GABLES FL 33134 | Mailing Address<br>283 CATALONIA AVENUE<br>CORAL GABLES FL 33134 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                     |                                          |
|-----------------------------------------------------|------------------------------------------|
| 2. Principal Place of Business<br>21 14051 NW 14 St | 2a. Mailing Address<br>26 14051 NW 14 St |
| 22 Suite, Apt. #, etc.                              | 27 Suite, Apt. #, etc.                   |
| 23 City & State<br>Sunrise FL                       | 28 City & State<br>Sunrise FL            |
| 24 Zip<br>33323                                     | 25 Country<br>FLORIDA                    |
| 29 Zip<br>33323                                     | 30 Country<br>FLORIDA                    |

|                                                                                 |                                                          |                               |
|---------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br>07/14/1988                                 | 4. FEI Number<br>65-0074221                              | Applied For<br>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 owes the current year Intangible Personal Property Tax.     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |

|                                                                                                                                |                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD.<br>PLANTATION FL 33324 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>FL 85 Zip Code |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

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             |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------------------|--------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>DPS                           | NAME<br>GETZ, SAMUEL A         | 1.1 TITLE<br>CEO & PRESIDENT                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>283 CATALONIA AVE    | CITY-ST-ZIP<br>CORAL GABLES FL | 1.2 NAME                                              | 1.3 STREET ADDRESS<br>14051 NW 14 St.                                        |
|                                        |                                | 1.4 CITY-ST-ZIP<br>SUNRISE, FL 33323                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>D                             | NAME<br>ARNOT, ROBERT J.       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br>45 ROCKEFELLER PLAZA | CITY-ST-ZIP<br>NEW YORK NY     | 2.2 NAME                                              | 2.3 STREET ADDRESS                                                           |
|                                        |                                | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                                  | NAME                           | 3.1 TITLE<br>VICE PRESIDENT                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS                         | CITY-ST-ZIP                    | 3.2 NAME<br>VINCENT TUBIJO                            | 3.3 STREET ADDRESS<br>14051 NW 14 St.                                        |
|                                        |                                | 3.4 CITY-ST-ZIP<br>SUNRISE, FL 33323                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE                                  | NAME                           | 4.1 TITLE<br>SECRETARY                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS                         | CITY-ST-ZIP                    | 4.2 NAME<br>DAVID BONDREAU                            | 4.3 STREET ADDRESS<br>14051 NW 14 St.                                        |
|                                        |                                | 4.4 CITY-ST-ZIP<br>SUNRISE, FL 33323                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                                  | NAME                           | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                         | CITY-ST-ZIP                    | 5.2 NAME                                              | 5.3 STREET ADDRESS                                                           |
|                                        |                                | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE                                  | NAME                           | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                         | CITY-ST-ZIP                    | 6.2 NAME                                              | 6.3 STREET ADDRESS                                                           |
|                                        |                                | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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.

SIGNATURE: David Bondreau Date: 4/15/99 Daytime Phone #: (954) 846-2707  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)