

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25633 (9)**
1. Corporation Name
THE TIMEX STORE, INC.



Principal Place of Business: **PARK ROAD EXTENSION P.O. BOX 310 MIDDLEBURY CT 06762**
Mailing Address: **PARK ROAD EXTENSION PO BOX 310 MIDDLEBURY CT 06762-0310 US**

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

3. Date Incorporated or Qualified: **06/16/1989** 3a. Date of Last Report: **01/27/1995**
4. FEI Number: **06-1248165** 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. 193.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	OLSEN, F	
STREET ADDRESS	C/O TIMEX CORPORATION, PARK ROAD EXT.	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERER, F.	
STREET ADDRESS	BURR HALL RD	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, DAVE	
STREET ADDRESS	REDSTONE DR.	
CITY-ST-ZIP	CHESHIRE CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEANGELIS, R	
STREET ADDRESS	79 OLD FARMS ROAD	
CITY-ST-ZIP	WATERTOWN CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRAUNSDORF, M.	
STREET ADDRESS	CO TIMEX CORPORATION, PARK ROAD EXT.	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JUDGE, FRANK T	
STREET ADDRESS	WEST LANE	
CITY-ST-ZIP	RIDGEFIELD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carey, Clark	
STREET ADDRESS	c/o Timex Corporation, Park Road Ext.	
CITY-ST-ZIP	Middlebury, CT 06762	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taurchini, Peter	
STREET ADDRESS	c/o Timex Corporation, Park Road Ext.	
CITY-ST-ZIP	Middlebury, CT 06762	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacobi, Charles Michael	
STREET ADDRESS	c/o Timex Corporation, Park Road Ext.	
CITY-ST-ZIP	Middlebury, CT 06762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Mary Braunsdorf Mary Braunsdorf Secretary (203) 573-6416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)