

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90114 044 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P25633**

1. Corporation Name  
**THE TIMEX STORE, INC.**



DO NOT WRITE IN THIS SPACE

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**

3. Date Incorporated or Qualified  
**08/16/1989**

4. FEI Number  
**06-1248165**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 [ ] Suite, Apt. #, etc.  
 22 [ ] City & State  
 23 [ ] Zip [ ] Country

2a. Mailing Address  
 26 [ ] Suite, Apt. #, etc.  
 27 [ ] City & State  
 28 [ ] Zip [ ] Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	PD	<input type="checkbox"/> DELETE
NAME	JACOBI, CHARLES MICHAEL	
STREET ADDRESS	C/O TIMEX CORPORATION PARK ROAD EXT	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, AMIR	
STREET ADDRESS	TIMEX CORPORATION, PARK RD EST	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, PATRICK	
STREET ADDRESS	TIMEX CORPORATION, PARK RD EST	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	AS	<input checked="" 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/S SHERER, F.
2.3 STREET ADDRESS	BURR HALL RD
2.4 CITY-ST-ZIP	MIDDLEBURY CT
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D JACOBI, CHARLES MICHAEL
3.3 STREET ADDRESS	C/O TIMEX CORPORATION PARK ROAD EXT
3.4 CITY-ST-ZIP	MIDDLEBURY CT
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P/D LIVINGSTON, CYNTHIA
5.3 STREET ADDRESS	C/O TIMEX CORPORATION PARK ROAD EXT
5.4 CITY-ST-ZIP	MIDDLEBURY CT
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS PARTRIDGE, KATHRYN
6.3 STREET ADDRESS	C/O TIMEX CORPORATION PARK ROAD EXT
6.4 CITY-ST-ZIP	MIDDLEBURY CT

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: AMIR ROSENTHAL 2/1/99 203-573-4884  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)