


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

**FILED**  
**Jan 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P97000045210 (6)</b> 1. Corporation Name <b>THE RIGHTIME CLOCK COMPANY, INC.</b>		



Principal Place of Business 590 S.W. 23RD AVENUE MIAMI FL 33135	Mailing Address 590 S.W. 23RD AVENUE MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>80 SW 8TH ST.</b>		2a. Mailing Address 26 <b>80 SW 8TH ST.</b>		3. Date Incorporated or Qualified <b>05/21/1997</b>	
Suite, Apt. #, etc. 22 <b>SUITE 2180</b>		Suite, Apt. #, etc. 27 <b>SUITE 2180</b>		4. FEI Number <b>65-0772101</b>	
City & State 23 <b>MIAMI, FL</b>		City & State 28 <b>MIAMI, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33130</b>	Country 25 <b>USA</b>	Zip 29 <b>33130</b>	Country 30 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>FALLON, KIERAN P ESQ.</b> <b>2100 CORAL WAY</b> <b>SUITE 500</b> <b>MIAMI FL 33145</b>				10. Name and Address of New Registered Agent			
				81 Name <b>(SAME)</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>80 S.W. 8TH ST.</b>			
				83 <b>SUITE 2804</b>			
				84 City <b>MIAMI</b> FL 85 Zip Code <b>33130</b>			

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> <b>BECKER, GEORGE T</b> <b>590 S.W. 23RD AVENUE</b> <b>MIAMI FL 33135</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BECKER, GEORGE T</b> <b>590 S.W. 23RD AVENUE</b> <b>MIAMI FL 33135</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 STREET ADDRESS CITY-ST-ZIP	<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 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.

SIGNATURE: *George T. Becker* **GEORGE T. BECKER** 1-18-98 305/577-6400

CR2E034 (10/97)