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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000076517

City & State

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Zip

EXQUISITE TIMEPIECES, INC.

	<u> </u>	<u> </u>
Principal Place of Business	Mailing Address	1 10011201 (10 15)01 (811) 80111 80111 80111 90111 100111 90111
27220 RIVER ROYALE CT. BONITA SPRINGS FL 34135	27220 RIVER ROYALE CT. BONITA SPRINGS FL 34135	3. (7. s
	·	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed 09/01/1998
Principal Place of Business	2a. Mailing Address	4. FEI Number
21		597500
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired  \$8.7

City & State

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Zip

9. Name and Address of Current Registered Agent

Country

RICHARDSON, 1	TIMOTHY L
27220 RIVER RO	DYALE CT.
Bonita S <mark>prin</mark> g	GS FL 34135

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**FILED** Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90003 014 \*\*\*150.00

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6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

		84	City		FL 85	Zip C	ode				
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	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Ager	t signature /	required when reinstating) D	ATE						
12.	OFFICERS AND DIRECTORS	13.	- Signatoro	ADDITIONS/CHANGES TO OFFICE		RECTOR	RS IN 12				
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NAME	RICHARDSON, TIMOTHY L	1.2 NAME				·	}				
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	BONITA SPRINGS FL 34135			· · · · · · · · · · · · · · · · · · ·	•		į				
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STREET ADDRESS		6.3 STREET	ADDRESS								
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Country

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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: