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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1006

	1990	O III	DIVISION OF (CORPORAT	IONS			
DOCU 1. Corporat	JMENT # H11	708	(5)					
H&I	E CLOCKS OF DAYTONA	, INC.	, ,					
							HÁT TÁTA KINGUT AKKAT ATA	
1	ice of Business	Ma	iling Address					(8/8/) 8/8/ (8/8/) 138 /
C/O HERBERT BARTH 2355 S. RIDGEWOOD AVENUE 2355 S. RIDGEWOOD SOUTH DAYTONA FL 32119 C/O HERBERT BARTI 2355 S. RIDGEWOOD SOUTH DAYTONA FL 32119 SOUTH DAYTONA FL				AVENUE				
2 Principal I	Place of Business					 Date Incorporated or Qualified 07/10/1984 	3a. Date of Las 05/01	
21	riace of business		Mailing Address			4. FEI Number	1 00/01	Applied For
Suite, Apt	t. #, etc.	26	Suite, Apt. #, etc.			59-2442642	<u> </u>	Not Applicable
City & Sta	ate	27				5. Certificate of Status Desired		75 Additional Beguired
23		28	Orty & State			6. Election Campaign Financing	_ \$5	00 May Be
Zφ	Country		Zip T	Country		Trust Fund Contribution	L Ad	ped to Fees
24	25	29	· .	30		8. This corporation has liability for in Florida Statutes Yes		s 199.032,
	9. Name and Address of Cur	rent Registe	ered Agent			10. Name and Address of New Re	No Idistand Apont	
210	71.6			81	Name		Sistered Adelli	
BAHI	BARTH, HERBERT				82 Street Address (P.O. Box Number is Not Acceptable)			
2355 S. RIDGEWOOD AVE. SOUTH DAYTONA FL 32019				<u></u>			9)	
3001	IN DATIONA PL 32019			83				
				84	City		loc l	2:00-1
11. Pursuant	to the provisions of Sections 607.05	02 and 607.	1508 Florida Statutos t	llo obave a		ration submits this statement for the purport of directors. I hereby accept the appoint	3-1 1	Zip Code
or registe familiar wi	red agent, or both, in the State of Fi ith, and accept the obligations of S.	orida. Such c	hange was authorized t	by the corpo	ration's boa	ration submits this statement for the purpord of directors. I hereby accept the appoin	ose of changing its	registered office
SIGNATURE	of the second se	30,100 1100100	ios, rionda Statutes.			and the deposit of the deposit	mnont as registere	ageni. Fam
12.	Signature, typed or printed name of registered ac			legistered Agent	signature required	d when reinstating		
TITLE	PV OFFICERS A	AND DIRECTO	ORS	13.		ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	OBS IN 12
NAME	BARTH, HERBERT		DELETE	1 1 TITLE			☐ Change	
STREET ADDRESS	2543 CROSS COUNTRY	ND		1.2 NAME	ļ			
CITY - ST - ZIP	DAYTONA BEACH FL	Dn.		13 STREET A				اد
1rTLE	ST		DELETE	1.4 City-St-	ZIP			
NAME	Barth, Evelyn			2 2 NAME	ĺ		Change	Addition C
STREET ADDRESS	2543 CROSS COUNTRY	DR.		2.3 STREET A)Docce			
CITY - ST - ZIP	DAYTONA BEACH FL			2.4 CITY-S1-	J			
TITLE			DELETE	3 1 TITLE			☐ Change	C) Addition
NAME CLREST ADORSON				3.2 NAME				Addition
STREET ADDRESS City-St-zip			i	33 STREET A	DORESS			
TITLE			F7 05:536	34 CITY-SI-	?IP			1
NºMF			☐ DELETÉ	4.1 TITLE			☐ Change	Addition
STREET ADDRESS			i	4.2 NAME				_
				4.3 STREET AD				į
TITLE		·	DELETE	5. 1 TITLE	TIP			
NAME				5.2 NAME			☐ Change	☐ Addition
STREET ADDRESS			J	5.3 STREET AD	DRESS			[
CITY-ST-ZIP				5.4 CITY-ST-Z				
TITLE			DELETE	6. 1 THLE			☐ Change	Addition
NAME STUDET ADDRESS				6 2 NAME			CT cusuds	[] Musicott
STREET ADDRESS			f	63 STREET ADD	RESS			
CITY ST ZIP	and the state of t			6.4 CITY-ST-Z	P			

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 cath; 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:

Heller Flacts

NATURE AND PUPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 25, 1996 904-788-0192