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

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 28 1997 8:00am

Secretary of State

813-442-7782

2-25-97

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 631153

(4)

KYLE'S CLOCK SHOP, INC.

SIGNATURE:

WILL O	ocook onor, mo									
Principal Piace of Business		Mailing Address	Mailing Address			I INGOL IRADI DIKUD IRA	i Bibil Hibil VII	JIH WHOTH BIRTH	41011 10 4 1	
1454 GULF-TO- CLEARWATER	-BAY BOULEVARD FL 34615	1454 GULF-TO-BAY BOULEVARD CLEARWATER FL 34815-5342								
					 Date Incorpora 07/27/1979 	ted or Qualified		e of Last Re 7/1996	eport	
2. Principal Place of Business		2a. Mailing Address			4, FEI Number	""			plied For	
21		26				59-1923387 Not Applicable				
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			5. Certificate of St	5. Certificate of Status Desired See Required Fee Required				
City & State	e e	City & State			6. Election Campa	6. Election Campaign Financing \$5.00 May Be				
23		28	1		Trust Fund Con			Added t		
Zip	Country	Zip	Cou	ntry	8. This corporation	· •			. 199.032,	
24	[25] g. Name and Address of Curren	29 ht Bogisland Apopt	30		Fiorida Statutes			No.		
		it negistered Agent		81 Name	10. Name and Adi	HARR OI HAW NO	GISTOLOG W	geni		
	E, JEFF			7,44,110						
	2 WRENS WAY		82 Street Add			dress (P.O. Box Number is Not Acceptable)				
ÇLE	ARWATER FL 34264			83						
				84 City			FL	85 Zip (Code	
office or r agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligi	of Florida. Such change was	: authorize	d by the core	corporation submits this st poration's board of director	atement for the p s. I hereby accep	ourpose of c pt the appoi	changing its intment as	s registered registered	
SIGNATURE	Storial inc. typed or pici bia name of registered again	ent and title if applicable (NC	TE: Registere	Agent signature	required when reinstating)	***************************************	DATE			
12.	OFFICERS AN		13.			ANGES TO OFFIC	CERS AND	DIRECTOR	S IN 12	
TiftE	P	☐ DELETE	1 1 Ti	TLE			[Change	Addition	
NAME	KYLE, JEFF		1 2 N/	ME						
STREET ADDRESS	2162 WRENS WAY		1351	REET ADDRESS						
CITY - ST - ZIP	CLEARWATER FL		1.4 0	TY-ST-ZIP						
Title	VP	☐ DELETE	21 TI	TLE	VP			Change	Addition	
NAME	KYLE, TERRY		22 N	AME	KYLE, TERRY 80 ROBERS ST					
STREET ADDRESS	330 PROMENADE DRIVE 308		2351	REET ADDRESS	80 ROWERS ST	r #6-1	5			
CITY-ST-ZIP	DUNDIN FL		2 4 0	ITY - ST - ZIP	CLEARWATER,	FL 34616				
TITLE	ST	☐ DELETE	3 1 TI	TLE				Change	Addition	
NAME	KYLE, MARY		32 N/	AME.						
STREET ADDRESS	2162 WRENS WAY		33 ST	REET ADDRESS						
CITY - ST - ZIP	CLEARWATER FL		3 4. C	ITY-ST-ZIP						
TITLE		DELETE	4.1 T)	TLE				Change	Addition	
NAME			4.2 N	AME						
STREET ADDRESS			4.3 \$1	REET ADDRESS						
CITY - \$1 - 7#P			4.4 CI	TY-ST-ZIP						
TITLE		☐ DELETE	5.1 (1	TLE			Ţ	Change	Addition	
NAME			5.2 N	AME	i i					
STREET ADDRESS			5.3 \$1	REET ADDRESS						
CITY - S1 - ZIP			5.4 CI	TY+ST-ZIP						
TITLE		☐ DELETE	6.1 11	TLE			τ	Change	Addition	
NAME:			6.2 N							
CONTRACTOR OF	I		6207	DOCKY ADDROCCO	l .					

14. I do hereby certly 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 or an attachment with an address.

TERRY RYLE