NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

716243

(1)

THE FLORIDA STATE WATCHMAKERS ASSOCIATION, INC.

THE TESTION OF THE WITHOUT MODOLINION, INC.								
Principal Place of Business		Mailing Address			1 100111 10001 11810 BAIRD 11011 0	1888	EKON ANDIN DIANI TARA	
3038 PINETREE ST. PORT CHARLOTTE FL 33952 US		3038 PINETREE ST. PORT CHARLOTTE FL 33952 US						
					 Date Incorporated or Qualified 03/20/1969 		ast Report 0/1995	
·	ace of Business	2a. Mailing Address			4. FEI Number	L	Applied For	
21 1181 Suite Apt.	2-A N 56th St	26 11812-A N	56th St		23-7368901		Not Applicable	
22		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	.75 Additional ee Required	
City & State		City & State			6. Election Campaign Financing		5. 00 May Be	
23 Tamp Zip	a, FL Country	Zip Tampa, FI	Country		Trust Fund Contribution	A	dded to Fees	
24 3361	***************************************	29 33617	30 USA		 This corporation has liability for Florida Statutes 	or intangible tax unde	r s. 199.032,	
	9. Name and Address of Curren		50 001		10. Name and Address of New			
			81 Nam	e w				
RENNERT, ROSE M1C1					chael W. Streep s(P.O. Box Number is Not Accept	er		
AGAS PHIETOET AT					312-A N 56th St			
PORT CHARLOTTE FL 33952						·		
•			84 City					
·			1 1 - 1	Tar	n p a	FL 85	Zip Code 33617	
11: Pursuant t	to the provisions of Sections 617.0502 ed agent, or both, in the State of Florio	and 617.1508, Florida Statute	s, the above named	corporati	on submits this statement for the s	ourpose of changing i	A	
familiar wit	th, and accept the obligations of, Section	on 617.0503, Florida Statutes.	ed by the corporation	s board	of directors. I flereby accept the ap	opointment as registe -	red agent. I am	
SIGNATURE _	Michael W Stree	oer, Exec. Se	cretary.	///	chaetW Stru	Ph April	12. 1996	
				s required w	hen reinstating)	DATE		
12.	OFFICERS AND	DELETE	13.	155	ADDITIONS/CHANGES TO O			
NAME	RENNERT, AARON M		1.1 TRILE	PD		Chan	ge 🛅 Addition	
STREET ADDRESS	3038 PINETREE ST.		1.2 NAME	, va	rjabedian, Sam 65 Cardinal Dr			
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.3 STREET ADDRESS			32963		
TITLE	V	TOELETE	1.4 CITY - ST - ZIP 2.1 TITLE	VD		52903 ⊠ Chan	ge Addition	
NAME	DIETELI, RIK	Щ	2.2 NAME	' -		Online Compression	Se T Vegition	
STREET ADDRESS	13720 87TH PLACE N.		2 3 STREET ADDRESS	PO	ug Maggard Box 111 <i>M-A</i>			
CITY-ST-ZIP	SEMNIOLE FL 34646		2 4 CITY-ST-ZIP		ngo, FL 33550			
TITLE	Ť D	DELETE	3.1 TITLE		-3-7 33330	☐ Chan	ge Addition	
NAME	MEADORS, RALPH		32 NAME -			_		
STREET ADDRESS	1419 ALWYNNE DR. S.		3.3 STREET ADDRESS	s				
CITY-ST-ZIP	LEHIGH ACRES FL 33936		3.4. CITY-ST-ZIP				į	
TITLE	D DOLAGUEN BADT	₹ DELETE	4.1 TITLE	SD		☐ Chan	ge XXAddition	
NAME -	POLACHEK, BART		4 2 NAME		rjabedian, Debl	bie		
STREET ADDRESS	4352 DAUBERT ST.		4.3 STREET ADDRESS		65 Cardinal Dr			
CITY-ST-ZIP	ORLANDO FL D	Fibratio	4.4 CITY-ST-ZIP	Ve	ro Beach FL ;			
TITLE NAME	DIETEL, RIK	⊠ DELETE	51 TITLE		90000018	:17889	ge 🗌 Addition	
STREET ADDRESS	13720 87 PLACE N.		5.2 NAME		-U5/13/9bU1	1021006		
CITY-ST-ZIP	SEMINOLE FL		5 3 STREET ADDRESS	`	***61.25		ł	
TITLE	D	₹ DELETE	5.4 CITY-ST-ZIP 61 TITLE	- 		Chang	ge 🖫 Addition	
NAME	MAGGARD, DOUG	A. secret	6.2 NAME	EX	ecutive Secreta	ary — .	JO LEN MOUNTON	
STREET ADDRESS	P.O. BOX 111		6.3 STREET ADDRESS	MI	chael W Streepe	er .	ファハー	
	MANGO EL 22550			1 7 7	812-A N 56th St		一 り	
14. I do hereb	y certify that the information supplied w	ith this filing is voluntarily furni	shed and does not a	ualify for	the exemption stated in Section 11	9.07(3)(k), Florida Sta	atutes. I further	
oath that	: the information indicated on this annui Lam an officer or director of the corpor	al report or supplemental annu	ial report is true and a	accurate.	and that my eignature chall have th	na enma lanal affaat a	o if mode 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or or an attachment with an address.								

SIGNATURE: Deborah Varjabedian SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/15/96 813-988-0737