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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F01020

FINE WATCH REPAIRS, INC.

Principal Place of Business % ROBERT STEIN 1222 SW PARADISA COVE

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90055 004 ***150.00



Mailing Address % ROBERT STEIN PT ST. LUCIE FL 34986 1222 SW PARADISA COVE PT ST. LUCIE FL 34986 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address <u>10/09/1980</u> 21 4. FEI Number 26 Suite, Apt. #, etc. Applied For 59-2036952 Suite, Apt. #, etc. 22 Not Applicable 27 5. Certifcate of Status Desired City & State \$8.75 Additional City & State 23 Fee Required 6. Election Campaign Financing 28 Zip \$5.00 May Be Country Trust Fund Contribution Zip 24 Country Added to Fees 8. This corporation owes the current year Intangible 25 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax. 10. Name and Address of New Registered Agent □No STEIN, ROBERT Name 1222 SW PARADISE COVE Street Address (P.O. Box Number is Not Acceptable) PORT ST LUCIE,, FL FL 34986 83 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) $v \in U^{\otimes 2}(\mathbb{R}^n)$ 12. OFFICERS AND DIRECTORS TITLE PD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE NAME STEIN, ROBERT Addition 1.2 NAME STREET ADDRESS 1222 SW PARODISE COVE CITY-ST-ZIP PORT ST. LUCIE FL 1.3 STREET ADDRESS TITLE 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP TITLE 2. 4 CITY-ST-ZIP ☐ DELETE 3.1 TITLE NAME -Change Addition STREET ADDRESS 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE NAME Change Addition STREET ADDRESS 4. 2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 4.4 CITY-ST-ZIP ☐ DELETE NAME 5.1 TITLE ☐ Change 5.2 NAME ☐ Addition STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME Change 6.2 NAME ☐ Addition STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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