

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1 of 2

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 20 PM 1:57

DOCUMENT # F58043 (3)
 1. Corporation Name
 TIME 'N TRUSTED, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 2705 APPALOSSA TR
 W PALM BCH FL 33414
 US

Mailing Address
 2705 APPALOSSA TR
 W PALM BCH FL 33414
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1981	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2499874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2110 POLO GARDENS DR	26 2110 POLO GARDENS DR
22 # 304	27 # 304
23 WELLINGTON FL	28 WELLINGTON FL
24 33414 US	29 33414 US

9. Name and Address of Current Registered Agent

GERACI, CHARLES
 2705 APPALOSSA TR
 W PALM BCH FL 33414

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 2110 POLO GARDENS DR
 83 # 304
 84 City WELLINGTON FL 85 Zip Code 33414

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 Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GERACI, CHARLES	
STREET ADDRESS	2705 APPALOSSA TR	
CITY-ST-ZIP	W PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2110 POLO GARDENS DR #304
1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

700002276897--5
 -08/25/97-01004-006
 ***165.00 ***165.00

Alan
 8/20/97

14. I do 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 supplement to 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.

CR2E034 (4/97)

To whom it may concern;

We have been a Corporation since 1982 and have always been diligent in filling out our application & making in our fees.

Approximately 3-9 months ago we moved to a new address & notified all parties of our new address. Evidently the Post Office either sent back the 1st notice or it was not forwarded to my new address. Nevertheless I did not receive the 1st notice for whatever reason.

I would deeply appreciate it if you would accept this payment as a 1st notice payment.

Thank you for your consideration.

F38043

Charles Cerapies
Tune N' Trustee, Inc