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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name

F58043

(3)

TIME 'N TRUSTED, INC.

FILED Feb 17 1998 8:00am Secretary of State

Principal Place of Business SURE #304 WELLINGTON FL 33414 US 210 FOLO GARDENS RAIVE SURE #304 WELLINGTON FL 33414 US 2. Principal Place of Business 2. A Malining Addresse 12/11/1981 2. Principal Place of Business 2. A Malining Addresse 2. A Malining Addresse 3. Date Incorporated or Qualified 12/11/1981 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Set of Status 3. Date Incorporated or Qualified 3. Date Incorporated or Qu	IMAIL	N MOSTE	Di MO:										
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9. Name and Address of Lourent Registered Agent GERACI, CHARLES 2110 POLO GARDENS DRIVE SUITE 304 WELLINGTON FL 33414 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 Signatures 86 A City FL 86 Signatures 87 Signatures 88 A City FL 87 Signatures 88 A City FL 87 Signatures 89 A City FL 87 Signatures 89 A City FL 87 Signatures 80 A City FL 88 Signatures 80 A City FL 87 Signatures 80 A City FL 80 Signatures			Country		Zip Country				8. This corporation owes or has paid the current year Intangible				
GERACI, CHARLES 2110 POLO GARDENS DRIVE SUITE 304 WELLINGTON FL 33414 ### City ### C													
2110 POLO GARDENS DRIVE SUITE 304 WELLINGTON FL 33414 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City				ent Regis	tered Agent		a T	Mama	10.	Name and Address of New R	egistered	Agent	
SUITE 304 WELLINGTON FL 33414 83 84 City FL 85 Zip Code 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 registion of code or registered agent, or both; in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registion of the provision of sections 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registion of the provision of the provi								Name					
WELLINGTON FL 33414 Sa			RUENS DRIVE			8	32	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its regist of fice or registered egent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registe agent, are familiar with, and accept the obligations of, section 607 0505, Florida Statutes. SIGNATURE Signature, types or printing manifer imprehended apent large like in a paper labe. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS IN 13. STREET ADDRESS CITY ST-2P TITLE OFFICERS AND DIRECTORS 14. CITY ST-2P TITLE OFFICERS AND DIRECTORS 15. STREET ADDRESS CITY ST-2P OFFICERS AND DIRECTORS 16. STREET ADDRESS CITY ST-2P OFFICERS AND DIRECTORS 17. STREET ADDRESS CITY ST-2P OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 2.2 MANE 2.2 STREET ADDRESS CITY ST-2P TITLE OFFICERS AND DIRECTORS 3.3 SIRRET ADDRESS CITY ST-2P TITLE OFFICERS AND DIRECTORS 3.4 CITY ST-2P TITLE OFFICERS AND DIRECTORS 3.5 SIRRET ADDRESS CITY ST-2P OFFICERS AND DIRECTORS 3.5 SIRRET ADDRESS CITY ST	''	RELLINGTON F	L 33414										
11, Pursuant to the provisions of Sections 607 (500 and 607 (500, Florida Statutes, the above-named corporation submite this statement for the purpose of changing its regist office or registered agent, or both, in the State of Enrica Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed agent arm familiar with, and accept the obligations of, Section 607 (505, Florida Statutes.) SIGNATURE						8	34	City			Fi	85 Zip	Code
agent. I am familiar with, and accept the obligations of, Section 607 d505, Florida Statules. SIGNATURE Signature_biject or printed mine or ingistered appril unit inin it applicable. (NOTE Registered Agent agreature required whom re installing) DATE	11. Pursuan	nt to the provision	ns of Sections 607.0	502 and 6	07.1508, Florida Statu	ites, the abo	ove	named corpo	oration	n submits this statement for the	DUITDOSA O	f changing i	ts registered
Signature, typed for provided purpose of registered apport land late in applications (ACTE Requisered Appel apparature required when ner hattering) OATE	agent. I	am familiar with	, and accept the obt	ligations of	f, Section 607.0505, F	Torida Statu	165	the corporations.	onsp	bard of directors, I hereby acce	spr me app	oomment as	registered
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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 rule and accurate and that my signature shall have the same legal effect as if made under eath; that I am officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chaptered to be a state of the corporation of the corp	14, I hereby indicated officer or	certify that the i d on this annual r director of the	ntermation supplied report or supplement corporation or there	with this fi ital annual eceiver or f	iling does not qualify Freport is frue and ac truated ompowered to	for the exem curate and i execute thi	ipti tha is r	ion stated in S it my signature report as requi-	section e shall ired by	n 119.07(3)(i), Florida Statutes. I have the same legal effect as v Chapter 607, Florida Statutes	I further ce if made un and that i	ertify that the ider oath; thi my name an	information at I am an ineats in