

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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **F58043**
 1. Corporation Name
TIME N' TRUSTED, INC.

Principal Place of Business Mailing Address

**1302 So. FEDERAL Hwy
 DANIA, FL 33006**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**Charles Geraci
 2110 Polo Gardens Dr #304
 Wellington, FL 33414**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits the 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 *Charles Geraci* **Charles Geraci Pres.** 3-9-99

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **President**
 STREET ADDRESS **Charles Geraci**
13634 PALMA LANE
 CITY-ST-ZIP **Wellington, FL 33414**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
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TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

FILED
 99 MAR 10 PM 1:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12-11-81**

4. FEI Number **59-2499874** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

81 Name **Charles Geraci**

82 Street Address (P.O. Box Number is Not Acceptable) **15634 Palma Lane**

83

84 City **Wellington** FL 85 Zip Code **33414**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

100002806311--2
 -03/15/99--0128--016
 ***150.00 ***150.00

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

14. TITLE
 15. NAME
 16. STREET ADDRESS
 17. CITY-ST-ZIP

21. TITLE
 22. NAME
 23. STREET ADDRESS
 24. CITY-ST-ZIP

31. TITLE Change Addition
 32. NAME

33. STREET ADDRESS
 34. CITY-ST-ZIP

41. TITLE Change Addition
 42. NAME

43. STREET ADDRESS
 44. CITY-ST-ZIP

51. TITLE Change Addition
 52. NAME

53. STREET ADDRESS
 54. CITY-ST-ZIP

61. TITLE Change Addition
 62. NAME

63. STREET ADDRESS
 64. 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)(c), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: *Charles Geraci* **Charles Geraci Pres.** 3-9-99 561 795-9311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)