

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G39316**

(6)

1. Corporation Name

TIME TO, INC.

Principal Place of Business

**1470 N.W. 179TH TERRACE
MIAMI FL 33169**

Mailing Address

**1470 N.W. 179TH TERRACE
MIAMI FL 33169**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt., Etc.

26 Suite, Apt., Etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

**THORNTON, RAYMON
1470 NW 179TH TERR.
MIAMI FL 33169**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 Sections 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
P	THORNTON, RAYMON	1470 NW 179TH TERR.	MIAMI FL	☐
V	THORNTON, CASSANDRA	1470 NW 179TH TERR.	MIAMI FL	☐
S	THORNTON, RAYMON, JR.	1470 NW 179TH TERR.	MIAMI FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	CHANGE	ADD ON
1				☐	☐	☐
2				☐	☐	☐
3				☐	☐	☐
4				☐	☐	☐
5				☐	☐	☐
6				☐	☐	☐
7				☐	☐	☐
8				☐	☐	☐
9				☐	☐	☐
10				☐	☐	☐
11				☐	☐	☐
12				☐	☐	☐
13				☐	☐	☐
14				☐	☐	☐
15				☐	☐	☐
16				☐	☐	☐
17				☐	☐	☐
18				☐	☐	☐
19				☐	☐	☐
20				☐	☐	☐

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in this filing is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the above named corporation and am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as designated on or attached to this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymon Thornton 3-25-96

305-688-1200

CR2E034 (12/95)