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Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P25633 (9)

1. Corporation Name
THE TIMEX STORE, INC.

Principal Place of Business
PARK ROAD EXTENSION
P.O. BOX 310
MIDDLEBURY CT 06762

Mailing Address
PARK ROAD EXTENSION
PO BOX 310
MIDDLEBURY CT 06762-0310
US

3. Date Incorporated or Qualified
08/16/1989

3a. Date of Last Report
07/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
06-1248165

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME OLSEN, F
STREET ADDRESS C/O TIMEX CORPORATION, PARK ROAD EXT.
CITY-ST-ZIP MIDDLEBURY CT
D

1.1 TITLE V.P.-FINANCE
1.2 NAME TAURCHINI, PETER
1.3 STREET ADDRESS RICE ROAD
1.4 CITY-ST-ZIP WOODBRIDGE, CT 06525

TITLE
NAME SHERER, F.
STREET ADDRESS BURR HALL RD
CITY-ST-ZIP MIDDLEBURY CT
PD

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME JACOBI, CHARLES MICHAEL
STREET ADDRESS C/O TIMEX CORPORATION PARK ROAD EXT
CITY-ST-ZIP MIDDLEBURY CT
D

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME DEANGELIS, R
STREET ADDRESS 79 OLD FARMS ROAD
CITY-ST-ZIP WATERTOWN CT
S

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME BRAUNSDORF, M.
STREET ADDRESS CO TIMEX CORPORATION, PARK ROAD EXT.
CITY-ST-ZIP MIDDLEBURY CT
AS

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME JUDGE, FRANK T
STREET ADDRESS WEST LANE
CITY-ST-ZIP RIDGEFIELD CT

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Mary Braunsdorf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97
Date

203-573-5000
Daytime Phone #

CR2E034 (9/96)