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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90114 044 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P25633

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1989

4. FEI Number

06-1248165

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current 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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	OLSEN, F	
STREET ADDRESS	C/O TIMEX CORPORATION, PARK ROAD EXT.	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERER, F.	
STREET ADDRESS	BURR HALL RD	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACOBI, CHARLES MICHAEL	
STREET ADDRESS	C/O TIMEX CORPORATION PARK ROAD EXT	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROSENTHAL, AMIR	
STREET ADDRESS	TIMEX CORPORATION, PARK RD EST	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, PATRICK	
STREET ADDRESS	TIMEX CORPORATION, PARK RD EST	
CITY-ST-ZIP	MIDDLEBURY CT	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	JUDGE, FRANK T	
STREET ADDRESS	WEST LANE	
CITY-ST-ZIP	RIDGEFIELD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/S
2.3 STREET ADDRESS	SHERER, F.
2.4 CITY-ST-ZIP	BURR HALL RD
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	JACOBI, CHARLES MICHAEL
3.4 CITY-ST-ZIP	C/O TIMEX CORPORATION PARK ROAD EXT
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 checked="" type="checkbox"/> Addition
5.2 NAME	P/D.
5.3 STREET ADDRESS	LIVINGSTON, CYNTHIA
5.4 CITY-ST-ZIP	C/O TIMEX CORPORATION PARK ROAD EXT
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS
6.3 STREET ADDRESS	PARTRIDGE, KATHRYN
6.4 CITY-ST-ZIP	C/O TIMEX CORPORATION PARK ROAD EXT

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 empowered.

SIGNATURE:

AMIR ROSENTHAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

203-573-4884

Daytime Phone #

CR2E034 (11/98)