Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90047 028 ***150.00

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 # P93000039842

1. Corporation Name

CLOCKS	AND PARTS, INC.									
Principal Place	e of Business	Maili	ng Address				- I I #E 11001 110 FB 100 1711; BB121 AE 311 BB141 EB141	J 1411 9 3 0 401 1	# HH # H	
704 N.W. 9TH AVE. 704 N.W. 9TH AVE. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311							DO NOT WRITE IN THIS	SPACE		_
							3. Date Incorporated or Qualifed 06/04/1993			
2. Principal P	lace of Business	2a. N	Mailing Address				4. FEI Number		Appli	ied For
21		26					65-0415542		Not A	Applicable
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Ad Requ	ditional uired
City & Stat	e	1-0	City & State				6. Election Campaign Financing			lay Be
23	•	28		,			Trust Fund Contribution	Add	led to	Fees
Zip	Country	Z	ip	Coun	try		8. This corporation owes the current year Ir		_	_
24	25 29			30			Personal Property Tax.			
	9. Name and Address of Curr	ent Registe	red Agent		_		10. Name and Address of New Registered	Agent		
***	na ana			1	31	Name				
AILION, EVA				t	32	Street Addre	ess (P.O. Box Number is Not Acceptable)			
704 N.W. 9TH AVE.										
FI. (LAUDERDALE FL 33311				33					j
				<u> </u>	34	City		85 2	Zip Co	ode
						-	<u>F</u> I	<u> </u>	•	ĺ
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Stat im familiar with, and accept the obli	e of Florida	Such change was at	itnorizea i	DV 1	ine corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	intment a) its re s regi:	egistered stered
SIGNATURE										
	Signature, typed or printed name of registered a		· · · · · · · · · · · · · · · · · · ·	Registered A	gent	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	CTOR	S IN 12
12.	OFFICERS AND DIRECTORS DELETE		1.1 TITL	£		ADDITIONS/OFFANOES TO OFFICERO A	Char		Addition	
TITLE	<u>ا</u> –				1.2 NAME				•	_
NAME	ALON, EM					ADDDESS				
STREET ADDRESS	621 N.W. 73 AVE.					ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33317		☐ DELETE	1.4 CITY		r-ZIP		☐ Char		Addition
TITLE			B	2.1 TITLE			<u> </u>	.50		
NAME										\
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	2. 4 CIT 3 1 TITL		1-219		Char	nge	Addition
TITLE			occe.e	3.2 NAN				_	•	_
NAME						ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP			☐ DELETE	3.4. CIT 4.1 TITL	_	1-212		☐ Char	age	Addition
				4. 2 NA						
NAME STREET ADDRESS				1		ADDRESS				
STREET ADDRESS				4.4 CITY						
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TITL		. ==		. ☐ Cha	nge	Addition
NAME				5.2 NAA						
STREET ADDRESS						ADDRESS	•			
				5.4 CITY						
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITL				Cha	nge	☐ Addition
NAME				62 NAM	Æ	i				

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS