

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 # P94000073760 (8)

1. Corporation Name

PRE-OWNED WATCHES, INC.



Principal Place of Business

2756 DEERBERRY COURT
LONGWOOD FL 32779

Mailing Address

2756 DEERBERRY COURT
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country

9. Name and Address of Current Registered Agent

LERNER, RICHARD V
2756 DEERBERRY COURT
LONGWOOD FL 32779

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 602.06(2) and 602.15(1), 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.006, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	LERNER, RICHARD V	
STREET ADDRESS	2756 DEERBERRY COURT	
CITY- ST- ZIP	LONGWOOD FL	
TITLE	PD	☐ DELETE
NAME	KUMAR, CHARAN	
STREET ADDRESS	211 SHADOWBAY BLVD.	
CITY- ST- ZIP	LONGWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I, hereby certify that the information supplied with this report is true and correct and of quality for the exemption stated in Section 119.07(2)(a), Florida Statutes. I further certify that the information is based on facts and is not for Supplemental information and is not for Supplemental information and is not for Supplemental information and is not for Supplemental information. I am an officer or director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of the records of the Department of State.

SIGNATURE: Richard V. Lerner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (407) 333-3814
DATE AND PHONE NUMBER

CR2E034 (12/95)