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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

POMPANO BEACH FL 33064

521 E. SAMPLE RD

City-St-ZiP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAM:

DOCUMENT # P9500006262 (6)

Mailing Address

521-E BAMPLE RD

POMPANO BEACH FL 33064-4425

ALL CLOCKS & WATCH REPAIR, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 01/20/1995 07/16/1996 2. Principal Piace of Business 2a, Mailing Address 4, FEI Number Applied For 65-0549838 Not Applicable Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Žip Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROOKE, KENNETH C 5-NE-27-AVE 82 Street Address (R.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 83 Zip Code 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or ported name of registered a jent and the if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DELETE 1.1 TITLE Change Addition TITLE BROOKE, KENNETH C 1.2 NAME NAME 579 E Sample Rd 5 NE 27 AVE STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33062 CITY SY ZIF 1.4 CITY-ST-ZIF DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TILLE 3.2 NAME NAME STREET ADDRESS **3.3 STREET ADDRESS** CITY-ST-ZP 3.4. City-St-ZiP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 City-St-ZIP

61 TITLE

6.2 NAME

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 charged, or on an attractional with an address.

SIGNATURE:

DELETE

FILED Jan 22 1997 8:00am Secretary of State

Change

Daytime Phone #

Addition