SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000046068 (9) WATCHES GALORE & MORE, INC. Mailing Address Principal Place of Business P.O. BOX 2334 P.O. BOX 2334 MARCO ISLAND FL 33969 MARCO ISLAND FL 33969 3. Date Incorporated or Qualified 3a. Date of Last Report 06/09/1995 Applied For 2a. Mailing Address 060-2311 2. Principal Piace of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite, Apt. #, etc Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032. Country Zip Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WOODWARD, CRAIG R Street Address (P.O. Box Number is Not Acceptable) 82 **606 BALD EAGLE DR** SUITE 500 83 MARCO ISLAND FL 33937 Zip Code 85 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. Thereby accept the appointment as registered agent. Tam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Age it signature required when reinstaling) Stignature, type size posite financia of religitaria diagent and title if applicable (3/96)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 TITLE TITLE CR2E034 1.2 NAME GIUGGIO, LEONARD NAME 13 STREET ADDRESS 995 ANGLER'S COVE UNIT 206 STREET ADDRESS 1.4 CITY - ST - ZIP MARCO ISLAND FL 33937 Change Addition CITY - ST - ZIF DELETE 2.1 TITLE TITLE 2.2 NAME GIUGGIO, JUDITH NAME 2.3 STREET ADDRESS 995 ANGLER'S COVE UNIT 208 STREET ADDRESS 2 4 CITY - ST-ZIP MARCO ISLAND FL 33937 Change Add-tion CITY-ST-ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-2IP CITY - ST - ZIP Change Addition DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST- ZIP 500001904945 -07/25/96--01100--047 CITY-ST-ZiP DELETE 61 THLE TITLE 6.2 NAME NAME ***225.00 6.3 STREET ADDRESS STREET ADDRESS 14. If do hereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. 6 4 CHY - ST-ZIP

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OF

6-17'96, 94/6429299