

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000048592 (4)
1. Corporation Name

WATCH BUSTERS, INCORPORATED



Principal Place of Business

6503 39TH STREET NORTH
UNIT 230
PINELLAS PARK FL 34665

Mailing Address

6503 39TH STREET NORTH
UNIT 230
PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

59-3451316

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 6351 39TH ST N

Suite, Apt. #, etc.

22 230

City & State

23 PINELLAS PARK FL

Zip 33781

Country

24 33781

25

2a. Mailing Address

26 6351 39TH ST N

Suite, Apt. #, etc.

27 230

City & State

28 PINELLAS PARK FL

Zip 33781

Country

29 33781

30

9. Name and Address of Current Registered Agent

SCHULER, TIMOTHY C
7843 SEMINOLE BLVD.
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

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 D ☐ DELETE

NAME GAWRONSKI, JOHN
STREET ADDRESS 33 ARMOUR PLACE
CITY-ST-ZIP STATEN ISLAND NY 10309

TITLE D ☐ DELETE

NAME GAWRONSKI, CYNTHIA
STREET ADDRESS 33 ARMOUR PLACE
CITY-ST-ZIP STATEN ISLAND NY 10309

TITLE D ☐ DELETE

NAME MORRIS, ROB J
STREET ADDRESS 13845 86TH AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL 33772

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE

[Signature]

100002603001
-07/30/98--01071--045
***150.00

7/17/98 (83) 522-6425

CR2E034 (5/98)

Watch Busters Inc.
6351 39th Street N. #230
Pinellas Park, FL 33781

AS PER PHONE CONVERSATION

FIRST FILING SENT TO WRONG
ADDRESS TREUOR TOLD ME

THIS WAS OR NEVER RECEIVED

FIRST STATEMENT

 Robb Morris U.P.
7/17/98