## 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 #

INY LINTY H ZUSTERS

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90081 010 \*\*\*150.00

4	WATCH BUSIERS IMC									
Principal Place of Business Mailing Address										
6351 39+H ST N. ST230 PINELLAS, PARK, FL 33781						DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
1	Pilvection in the property of		<u> </u>			6-1-97				
<b>⊢</b> ¬ '	Place of Business	2a. Mailing Address				4. FEI Number 59-345 (3)		<del>- · · ·</del>	olied For	
21	# ***	Suite, Apt. #, etc.				57-34315K			Applicable dditional	
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5. Certificate of Status Desired	•	ee Rec		
22 City & Stat	te	City & State				_6Election Campaign Financing		5.00 h	May Be	
23		28				- Trust Fund Contribution		dded to		
Zip	Country	Zip	Col	untry		8. This corporation owes the current ye	ar Intangibl			
24	25	29	30	····		Personal Property Tax.	Y		□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	ered Agent	!		
	0 1100015	U.P.		81 Name						
Ko	B MORRIS	- K		82 Street	Addres	ss (P.O. Box Number is Not Acceptable)				
130	45 8674 AV	, E 10		83						
05	MINOLE FL	33776						,		
) >6	m (NOC	20116		84 City			FL 85	Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	above-named	corpor	ation submits this statement for the purpo-	e of chang	ing its r	registered	}
office or r agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flo	uthorize rida Stat	d by the corpo tutes.	oration	's board of directors. I hereby accept the a	ippointmen	t as reg	istereu	
-										
SIGNATURE	Oliver bread as a sixted as we of reciptored popular	and title of applicable (NOTE	· Danietera		recrumed w	when reinstating) DA	F			_
	Signature, typed or printed name of registered agent			d Agent signature n	required w	vhen reinstatung) DA ADDITIONS/CHANGES TO OFFICER		RECTOR	R\$ IN 12	(00)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND		: Registere 13.	d Agent signature n	required w		S AND DIF	RECTOF	RS IN 12	(44,00)
12.	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT Truth CAW 120 NS K	DIRECTORS DELETE	13.	d Agent signature n	required w		S AND DIF			74 /44 (00)
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMPONS K	DIRECTORS  DELETE	13. 1.1 T 1.2 N	d Agent signature n	required w		S AND DIF			(144,00)
12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMPONS K	DIRECTORS  DELETE	13. 1.1 T 1.2 N 1.3 S	d Agent signature n ITLE IAME	required w		S AND DIF		Addition	100/4///00
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT Truth CAW 120 NS K	DIRECTORS  DELETE	13. 1.1 T 1.2 N 1.3 S	d Agent signature n ITLE IAME ITREET ADDRESS ITY-ST-ZIP	required w		S AND DIF			00021004 744 6000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN GAMBONS K 6351 39+++ STN PINELLYS PARK UICE PRES.	DIRECTORS  DELETE  FL 33781  DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T	d Agent signature n ITLE IAME ITREET ADDRESS ITY-ST-ZIP	required w		S AND DIF	hange	Addition	CD2F024 (44/00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN GAURONSK 6351 39+H+ ST N PINELLYS PATCH UICE PRES. RBIN MORRIS 6351 39+H+ ST	DIRECTORS  DELETE  A 33781  DELETE  V.	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	d Agent signature n ITLE IAME ITREET ADDRESS ITY-ST-ZIP	Pequipe		S AND DIF	hange	Addition	00001000
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONS K 6351 39+++ ST N PINELLYS PATCH UICE PRES. ROBIN MORRIS 6351 39+++ ST PINELLYS PATCH	DIRECTORS  DELETE  FL 33781  DELETE  V.  L FL 33781	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	d Agent signature of the control of	едине м		S AND DIF	hange	☐ Addition	CD2F034 (44 (66)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONS K 6351 39+++ ST N PINELLYS PATCH UICE PRES. ROBIN MORRIS 6351 39+++ ST PINELLYS PATCH	DIRECTORS  DELETE  FL 33781  DELETE  V.  L FL 33781	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	d Agent signature of the control of	required w		S AND DIF	hange	Addition	CD2F024 (44 f08)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN GAURONSK 6351 39+H STN PINELLYS PATENE UICE PRES. ROBIN MORRIS 6351 39+H ST PINELLYS PATENE 1351 39+H ST PINELLYS PATENE 1551 39+H ST PINELLYS PATENE 1551 39+H ST PINELLYS PATENE	DIRECTORS  DELETE  FL 33781  DELETE  V.  Z FL 33781	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	d Agent signature of the control of	equired w		S AND DIF	hange	☐ Addition	1001000 AV AVOOLOGO
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN GAURONSK 6351 39+H STN PINELLYS PATENE UICE PRES. ROBIN MORRIS 6351 39+H ST PINELLYS PATENE 1351 39+H ST PINELLYS PATENE 1551 39+H ST PINELLYS PATENE 1551 39+H ST PINELLYS PATENE	DIRECTORS  DELETE  FL 33781  DELETE  V.  Z FL 33781	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	d Agent signature of the control of	equired w		S AND DIF	hange	☐ Addition	(14,000)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAURONSK 6351 39+++ ST N PINELLYS PARKE UICE PRES. ROBIN MORRIS 6351 39+++ ST PINELLYS PARKE CYND 1 GIACOURS CYND 1 GIACOURS	DIRECTORS  DELETE  FC 33781  DELETE  V.  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	d Agent signature of the control of	w benuper		S AND DIR	hange hange hange	Addition Addition	CD2F024 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN GAURONSK 6351 39+H STN PINELLYS PATENE UICE PRES. ROBIN MORRIS 6351 39+H ST PINELLYS PATENE 1351 39+H ST PINELLYS PATENE 1551 39+H ST PINELLYS PATENE 1551 39+H ST PINELLYS PATENE	DIRECTORS  DELETE  FL 33781  DELETE  V.  Z FL 33781	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	d Agent signature of the control of	w benuper		S AND DIR	hange	☐ Addition	(00)1007
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONSK 6351 39+H+ ST N PINEULYS PARKE UICE PRES. ROBIN MORRIS 6351 39+H+ ST PINEULYS PARKE CYNDT GIFTUNDIE 6357 39+H+ ST PINEULYS PARKE	DIRECTORS  DELETE  FC 33781  DELETE  V.  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2N	d Agent signature of the control of	w benuper		S AND DIR	hange hange hange	Addition Addition	CD2F024 (44 (09)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONSK 6351 39+H+ ST N PINEULYS PARKE UICE PRES. ROBIN MORRIS 6351 39+H+ ST PINEULYS PARKE CYNDT GIFTUNDIE 6357 39+H+ ST PINEULYS PARKE	DIRECTORS  DELETE  FC 33781  DELETE  V.  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S	d Agent signature of the control of	w benuper		S AND DIR	hange hange hange	Addition Addition	(11,00)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONSK 6351 39+H+ ST N PINEULYS PARKE UICE PRES. ROBIN MORRIS 6351 39+H+ ST PINEULYS PARKE CYNDT GIFTUNDIE 6357 39+H+ ST PINEULYS PARKE	DELETE    DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2N 4.3S 4.4C	d Agent signature of the control of	w behape		S AND DIR	hange hange hange	Addition Addition	CODECO 144 100
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONSK 6351 39+H+ ST N PINEULYS PARKE UICE PRES. ROBIN MORRIS 6351 39+H+ ST PINEULYS PARKE CYNDT GIFTUNDIE 6357 39+H+ ST PINEULYS PARKE	DIRECTORS  DELETE  FC 33781  DELETE  V.  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T	d Agent signature of the control of	w behape		S AND DIR	hange hange hange	Addition Addition Addition	(00) 441 400
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONSK 6351 39+H+ ST N PINEULYS PARKE UICE PRES. ROBIN MORRIS 6351 39+H+ ST PINEULYS PARKE CYNDT GIFTUNDIE 6357 39+H+ ST PINEULYS PARKE	DELETE    DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.4C 3.1T 3.2N 3.3S 3.4.C 4.1T 4.2N 4.3S 4.4C 5.1T 5.2N	d Agent signature of the control of	w behape		S AND DIR	hange hange hange	Addition Addition Addition	(00) 44/ 400 000
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONSK 6351 39+H+ ST N PINEULYS PARKE UICE PRES. ROBIN MORRIS 6351 39+H+ ST PINEULYS PARKE CYNDT GIFTUNDIE 6357 39+H+ ST PINEULYS PARKE	DELETE    DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	d Agent signature of ittle itame. Ittle itam	equared w		S AND DIR	hange hange hange	Addition Addition Addition	(44,000)
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT JOHN CAMBONSK 6351 39+H+ ST N PINEULYS PARKE UICE PRES. ROBIN MORRIS 6351 39+H+ ST PINEULYS PARKE CYNDT GIFTUNDIE 6357 39+H+ ST PINEULYS PARKE	DELETE    DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE   DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 N 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  CITY-ST-ZIP  ITLE  IAME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  ITREET ADDRESS  ITY-ST-ZIP	w behape		S AND DIF	hange hange hange	Addition Addition Addition	(90) 177 7000

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 suppliemental 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 of 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 1β if changed, even an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR