## **PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800005432

TIME WARP WATCHES, INC. Principal Place of Business Mailing Address 5792 SUNSET DRIVE 5792 SUNSET DRIVE MIAMI FL 33143 MIAM) FL 33143 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 01/16/1998 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Fee Required 27 6. Election Campaign Financing \$5:00 May Be City & State City & State Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year intangible Zip Zip □No ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ALZENSTAIR, TAMI-Street Address (P.O. Box Number is Not Acceptable) **5792 SUNSET DRIVE** MIAMI'FL 33143 City 84 والمحدة المحد 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 Skrighters, typed or printed name of registered agent and title if applicat ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition ☐ DELETE 11TME mue 12 NAME AIZENSTAT, TAMI NAME 5792 SUNSET DRIVE 1.3 STREET ADDRESS STREET ADDRES MIAM) FL 33143 1.4 CITY-ST-ZIP CITY-ST-ZIP Change X Addition PRESIDEN C) DELETE 2.1 TITLE TITLE STEIMER 22 NAME ENNY NAME 792 SUNSET DR. 23 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ...... Addition .3.1 TITLE\_ TITLE 32 NAME NAME 33 STREET ADORES STREET ADDRESS 3.4. CITY-ST-ZIP 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 Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-23P CITY-ST-ZIP ☐ Addition SIDDE Change □ DELETE TITLE 62NAME NAME 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not qualify for the examption 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 Chepter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

**FILED** 

**Secretary of State** 

03-29-1999 90102 008 \*\*\*150.00

Mar 29, 1999 8:00 am