

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 06 1998 8:00am
Secretary of State

DOCUMENT # S18749 (9)
1. Corporation Name
SUN WATCH, INC.



Principal Place of Business
670 ISLAND WAY
CLEARWATER FL 34616

Mailing Address
1253 PARK STREET
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/17/1990

4. FEI Number
59-3130703
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, R. CARLTON
1253 PARK STREET
CLEARWATER FL 34616

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PSD
STREET ADDRESS PALOMBO, FAUSTO
CITY-ST-ZIP 135 PINEWINDS BLVD.
OLDSMAR FL 34677

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 3800 STEELES AVE, WEST, #400
1.4 CITY-ST-ZIP WOODBRIDGE, ONTARIO, CANADA L4L4G9

TITLE
NAME D
STREET ADDRESS TATONE, EDDIE
CITY-ST-ZIP 50 FENNYROSE CIR
WOODBRIDGE ON

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME TD
STREET ADDRESS BACCILIERI, RALPH
CITY-ST-ZIP 135 PINEWINDS BLVD.
OLDSMAR FL 34677

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 162 BURNS BLVD.
3.4 CITY-ST-ZIP KING CITY, ONTARIO, CANADA L7B 1C8

TITLE
NAME V
STREET ADDRESS BACCILIERI, FRANK
CITY-ST-ZIP 450 GULFVIEW BLVD., SUITE 801
CLEARWATER FL 34630

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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]*

FAUSTO PALOMBO MAY 22/98 951-5000

CR2E034 (10/97)