

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V55947** (8)
1. Corporation Name
AMERICAN WATCH COMPANY, INC.



Principal Place of Business

Mailing Address

**6401 E ROGERS CIR
STE 12
BOCA RATON FL 33487
US**

**6401 E ROGERS CIR
STE 12
BOCA RATON FL 33487
US**

3. Date Incorporated or Qualified

08/07/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0353337

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WORDEN, C. TERRY
219 MARLBOROUGH ROAD
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name **WORDEN, C. TERRY**
82 Street Address (P.O. Box Number is Not Acceptable)
6401 E. ROGERS CIR # 12
83
84 City **BOCA RATON** FL 85 Zip Code **33487**

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

C. TERRY WORDEN *C. Terry Worden*

12. OFFICERS AND DIRECTORS

TITLE **PST** ☒ DELETE
NAME **WORDEN, C. TERRY**
STREET ADDRESS **219 MARLBOROUGH RD**
CITY-STATE-ZIP **W. PALM BEACH FL**

TITLE **D** ☐ DELETE
NAME **WORDEN, C. TERRY**
STREET ADDRESS **219 MARLBOROUGH RD**
CITY-STATE-ZIP **W. PALM BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE **PR. RANDALL T. MOORE** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6401 E. ROGERS CIR. # 12**
1.4 CITY-STATE-ZIP **BOCA RATON, FL. 33487**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **C. TERRY WORDEN**
2.3 STREET ADDRESS **6401 E ROGERS CIR # 12**
2.4 CITY-STATE-ZIP **BOCA RATON, FL 33487**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Randall T. Moore** *RANDALL T. MOORE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

**407
997-0891**

CR2E034 (12/95)