

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 749742 (3)**  
 1. Corporation Name  
**THE WILLIAM R. WATTS FOUNDATION, INC.**



Principal Place of Business		Mailing Address	
%GREATON AND GREATON P.O. BOX 39238 FORT LAUDERDALE FL 33339 US		%GREATON AND GREATON P.O. BOX 39238 FORT LAUDERDALE FL 33339 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	11/09/1979	59-1971220
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	5.00 May Be Added to Fees
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	7. Is this nonprofit corporation a homeowners association?	
Country	Country	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
29	30	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GREATON, WILSON B., JR.**  
**2601 E OAKLAND PARK BLVD**  
**SUITE 405**  
**FORT LAUDERDALE FL**

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 617.0602 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re/instating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VD
NAME	RAMSEY, HARVEY	1.2 NAME	RUTH SHACK
STREET ADDRESS	319 N.E. 23 TERRACE	1.3 STREET ADDRESS	200 S. BISCAYNE BLVD. #2780
CITY-ST-ZIP	FORT LAUDERDALE FL	1.4 CITY-ST-ZIP	MIAMI, FL
TITLE	DPT	2.1 TITLE	CD
NAME	WATTS, INNES	2.2 NAME	
STREET ADDRESS	426 CORAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	SD
NAME	LOEHR, ALAN	3.2 NAME	
STREET ADDRESS	1626 SE 1ST STREET	3.3 STREET ADDRESS	BOX 30187 (N/A)
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D	4.1 TITLE	TD
NAME	ANDERSON, HUGH	4.2 NAME	
STREET ADDRESS	108 S.E. 8 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	PETTIJOHN, FRED A.	5.2 NAME	JOSE A. MESA, JR.
STREET ADDRESS	911 N RIO VISTA BLVD.	5.3 STREET ADDRESS	1 SE 3 AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL	5.4 CITY-ST-ZIP	MIAMI, FL
TITLE	CVSD	6.1 TITLE	PD
NAME	GREATON, WILSON B.,JR.	6.2 NAME	
STREET ADDRESS	4510 N.E. 23RD AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL	6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Wilson B. Greaton, Jr.* **Wilson B. Greaton, Jr.** President **4/10/98** **954/561-0313**

CR2E037 (10/97)