

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

**DOCUMENT # M34646 (3)**  
1. Corporation Name  
**WATSCO COMPONENTS, INC.**



Principal Place of Business: 1800 W. 4TH AVE. HIALEAH FL 33010  
Mailing Address: 1800 W. 4TH AVE. HIALEAH FL 33010

3. Date Incorporated or Qualified: 07/02/1986  
3a. Date of Last Report: 04/24/1995  
4. FEI Number: 59-2696358  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

9. Name and Address of Current Registered Agent  
**KATZ, MARTIN**  
**1800 WEST 4TH AVENUE**  
**SUITE 901**  
**HIALEAH FL 33010**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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 agent 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 or the incorporator, and the Registered Agent signature required when re-stating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	FISCHER, NEAL	
STREET ADDRESS	1800 WEST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPOLZINO, RICHARD	
STREET ADDRESS	1800 WEST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KATZ, MARTIN	
STREET ADDRESS	1800 W. 4TH AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WARD, BARRY	
STREET ADDRESS	1800 WEST 4TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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: *Martin Katz* **MARTIN KATZ** 4/26/96 (305) 885-1911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034 (12/95)