

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

98 MAY 27 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business Mailing Address
1800 W. 4th AVENUE HIALEAH, FL 33010 **1800 W. 4th AVENUE HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
7/2/1986

4. FEI Number **59-2696358** 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
KATZ, MARTIN
1800 W. 4th AVENUE
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 **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

TITLE DELETE

NAME **P FISCHER, NEAL**

STREET ADDRESS **1800 W. 4th AVENUE**

CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE DELETE

NAME **V SPOLZINO, RICHARD**

STREET ADDRESS **1800 W. 4th AVENUE**

CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE DELETE

NAME **ST KATZ, MARTIN**

STREET ADDRESS **1800 W. 4th AVENUE**

CITY-ST-ZIP **HIALEAH, FL 33010**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

NAME **S, D LOGAN, BARRY S.**

1.3 STREET ADDRESS **324 CADIMA AVENUE**

1.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

2.1 TITLE Change Addition

2.2 NAME **V D PEREZ DE LA MESA, MANUEL**

2.3 STREET ADDRESS **15885 WEST PRESWICK PLACE**

2.4 CITY-ST-ZIP **MIAMI LAKES, FL 33014**

3.1 TITLE Change Addition

3.2 NAME **D NAHMAD, ALBERT**

3.3 STREET ADDRESS **18 TAHITI BEACH ISLAND ROAD**

3.4 CITY-ST-ZIP **CORAL GABLES, FL 33143**

4.1 TITLE Change Addition

4.2 NAME **T KATZ, MARTIN**

4.3 STREET ADDRESS **1800 W. 4th AVENUE**

4.4 CITY-ST-ZIP **HIALEAH, FL 33010**

5.1 TITLE

5.2 NAME **500002548675--9**

5.3 STREET ADDRESS **-06/05/98--01049--020**

5.4 CITY-ST-ZIP ******550.00 ****550.00**

6.1 TITLE Change Addition

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.

CR2E034 (10/97)