

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

DOCUMENT # **365212** (0)

1. Corporation Name
WATSON INTERNATIONAL CO, INC.



Principal Place of Business: **798 S. FEDERAL HWY. % OSBORNE, HANKINS & MACLAREN BOCA RATON FL 33432 US**

Mailing Address: **798 S. FEDERAL HWY. % OSBORNE, HANKINS & MACLAREN BOCA RATON FL 33432 US**

3. Date Incorporated or Qualified: **06/08/1970**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **59-1348858**

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) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) State, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**OSBORNE, RAY C.
 SUITE 100, 798 S. FEDERAL HWY.
 700 SOUTH FEDERAL HWY
 BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **delete 700 South Federal Hwy**
 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 _____ DATE _____

Signature typed or printed name of the person who is the registered agent

Date Registered Agent signature required when registering

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	13. STREET ADDRESS	
	<input type="checkbox"/> DELETE	14. CITY - ST - ZIP	
TITLE	NAME	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	22. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	23. STREET ADDRESS	
	<input type="checkbox"/> DELETE	24. CITY - ST - ZIP	
TITLE	NAME	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	32. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	33. STREET ADDRESS	
	<input type="checkbox"/> DELETE	34. CITY - ST - ZIP	
TITLE	NAME	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	42. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	43. STREET ADDRESS	
	<input type="checkbox"/> DELETE	44. CITY - ST - ZIP	
TITLE	NAME	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	52. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	53. STREET ADDRESS	
	<input type="checkbox"/> DELETE	54. CITY - ST - ZIP	
TITLE	NAME	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	62. NAME	
CITY - ST - ZIP	CITY - ST - ZIP	63. STREET ADDRESS	
	<input type="checkbox"/> DELETE	64. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy Jones

2/16/96

Date

407-395-1000

Dialing Prefix #

CFR2E034 (12/95)