

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 612269 (1)
1. Corporation Name
WATT-MISER OF FLORIDA, INC.



Principal Place of Business 3590 NW 54 STREET SUITE 6 FT. LAUDERDALE FL 33309	Mailing Address 3590 NW 54 STREET SUITE 6 FT. LAUDERDALE FL 33309
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3590 NW 54 St Suite, Apt. #, etc. 22 SUITE 9 City & State 23 FT LAUDERDALE FL Zip 24 33309		2a. Mailing Address 25 3590 NW 54 St Suite, Apt. #, etc. 27 SUITE 9 City & State 28 FT LAUDERDALE FL Zip 29 33309		Country 25 US 30 US		3. Date Incorporated or Qualified 02/28/1979	4. FEI Number 59-2217797	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

9. Name and Address of Current Registered Agent

MCCARTNEY, JAMES I
SUITE # 9
3590 NW 54TH STREET
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3590 NW 54 ST
83 SUITE 9
84 City FT LAUDERDALE FL 33309
85 Zip Code 33309

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTNEY, JAMES I	1.2 NAME	MCCARTNEY, JAMES I
STREET ADDRESS	3590 NW 54 ST. # 9	1.3 STREET ADDRESS	3590 NW 54 STREET STE. 9
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33309
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: J. McCartney 1/17/98 954 733-8105

CR2E034 (10/97)