

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 # **665490** (9)
1. Corporation Name
SANDY WATTS INTERIORS - PATIO TERRACE SHOP, INC.



Principal Place of Business
**OP. INC.
C/O 505 ROSELAND DR
WEST PALM BEACH FL 33405**

Mailing Address
**OP. INC.
C/O 505 ROSELAND DR
WEST PALM BEACH FL 33405**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 **33405-2218** 25 Country
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 **33405-2218** 31 Country

3. Date Incorporated or Qualified **04/01/1980** 3a. Date of Last Report **02/16/1995**
4. FEI Number **59-1989985** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**WATTS, JAMES E
505 ROSELAND DR
WEST PALM BEACH FL**

10. Name and Address of New Registered Agent

81 Name **Sandra M. Watts**
82 Street Address (P.O. Box Number is Not Acceptable)
505 Roseland Dr.
83
84 City **West Palm Beach** FL 85 Zip Code **33405**

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 *Sandra M. Watts* Jan. 15, 1996
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **P WATTS, SANDRA**
STREET ADDRESS **3216 EMBASSY DRIVE**
CITY - ST - ZIP **W PALM BCH FL**
TITLE ☒ DELETE
NAME **WATTS, JAMES E**
STREET ADDRESS **505 ROSELAND DR**
CITY - ST - ZIP **W PALM BCH FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ 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: *Sandra M. Watts* Jan 15, 1996 833-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)