

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **845889** (5)

1. Corporation Name
ALFRED ALLEN WATTS CO. INC.



Principal Place of Business: **2295 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480-5357**
Mailing Address: **2295 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480-5357**

3. Date Incorporated or Qualified: **05/01/1980**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **13-5474290**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 SAME AS ABOVE**
2a. Mailing Address: **26 SAME**
22. City & State: **27**
23. Zip: **28**
24. Country: **25**
29. Country: **30**

9. Name and Address of Current Registered Agent

**BIRDIE, STEIR
2295 SOUTH OCEAN BOULEVARD
PALM BEACH FL 33480**

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 of person or persons (name of registered agent) and the date of signature

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE: **PSTD** DELETE
NAME: **STEIR, BIRDIE**
STREET ADDRESS: **2295 S. OCEAN BLVD.**
CITY-ST-ZIP: **PALM BEACH FL**

2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5. 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: **Birdie Steir - (BIRDIE STEIR)** 2/19/96 407-588-6650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)