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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F93000002508 (0)**

1. Corporation Name

WATERTITE PRODUCTS, INC.

Principal Place of Business

**17109 SOUTH MAIN STREET
C/O IPS CORPORATION
GARDENA CA 90248**

Mailing Address

**17109 SOUTH MAIN STREET
C/O IPS CORPORATION
GARDENA CA 90248-9127**

2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302**

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 **PD HUMBER, JEFF**
STREET ADDRESS **17109 S. MAIN ST.**
CITY- ST- ZIP **GARDENA CA**

TITLE ☐ DELETE
NAME **S GORDIN, GARY**
STREET ADDRESS **17109 SOUTH MAIN STREET**
CITY- ST- ZIP **GARDENA CA 90248**

TITLE ☐ DELETE
NAME **AS CROSS, ROBERT L**
STREET ADDRESS **17109 SOUTH MAIN STREET**
CITY- ST- ZIP **GARDENA CA 90248**

TITLE ☐ DELETE
NAME **CD TYLER, WAT H**
STREET ADDRESS **17109 SOUTH MAIN STREET**
CITY- ST- ZIP **GARDENA CA 90248**

TITLE ☐ DELETE
NAME **D PATEL, NARESH**
STREET ADDRESS **17109 SOUTH MAIN STREET**
CITY- ST- ZIP **GARDENA CA 90248**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 (310) 888-3300
Date Daytime Phone #

FILED
Apr 02 1997 8:00am
Secretary of State



CR2E034 (9/96)