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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name F95000005648 (9)

STEVEN M. WATT COMPANY, INC.

Principal	Place o	of Business	

FILED May 20 1998 8:00am Secretary of State



Mailing Address 3704 ASCOT BEND COURT 3704 ASCOT BEND COURT BONITA SPRINGS FL 33923 **BONITA SPRINGS FL 33923** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/20/1995 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 13-3026930 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 4 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country ZiD Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ΠNο 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SALVATORI, LEO J QUARLES & BRADY Street Address (P.O. Box Number is Not Acceptable) 4501 NORTH TAMIAMI TRAIL SUITE 300 **B3** NAPLES FL 33940 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE 1.1 TITLE TITLE **PVST**

1.2 NAME NAME WATT, STEVEN M 10399 QUAIL CROWN DRIVE 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 33999 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TiTLE CVCD WATT, STEVEN M 2.2 NAME STREET ADDRESS 10399 QUAIL CROWN DRIVE 2.3 STREET ADDRESS NAPLES FL 33999 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME STREET ADORESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby 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 chargest, or only attachment with an address.

MARK OLLI-947-2929