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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90139 038 ***150.00

WATSON ENTERPHISES, INC.							
Principal Place of Business Mailing Address					t restirt nave tiget tent mass strip but aleit		
% MICHAEL WATSON % MICHAEL WATSON 4705 CORBETT ROAD 4705 CORBETT ROAD LAKE WORTH FL 33463 LAKE WORTH FL 33463					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					03/10/1983		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21					59-2115673	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	City & State City & State				6. Election Campaign Financing	\$5.00 Added t	- 1
Zip	Country	Zip	Country	,	This corporation owes the current year In Personal Property Tax.	ntangible	□No
24	9. Name and Address of Curren	29 30	<u>''</u>		10. Name and Address of New Registered	_=::	
	a. Manie and Address of Curren	r Lin Alarei an Wheiit	81	Name		 ,	
WATSON, MICHAEL 4705 CORBETT ROAD LAKE WORTH FL 33463			82 83	<u></u>	dress (P.O. Box Number is Not Acceptable)		
	-		84	City	F	85 Zip (Code
				<u>L</u>			haratainas
office or r	to the provisions of Sections 607.050. registered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida. Such change was auth tions of, Section 607.0505, Florida	onzed by a Statutes	r the corpora s.	rporation submits this statement for the purpose of	pintment as re	gistered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	WATSON, MICHAEL W.		1.2 NAME				
STREET ADDRESS	4705 CORBETT ROAD		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-S	ST-ZIP			
TITLE	VD □ DELETE 2.1		2.1 TITLE			Change	☐ Addition
NAME	MATOON, CITTING		2.2 NAME				1
STREET ADDRESS				T ADDRESS			}
CITY-ST-ZiP			2.4 CITY-	ST-ZIP		- Channe	□ Addition
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	Programme and the second	· · · · · ·	3.2 NAME	ET ADDRESS		-	
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADORESS	,		4.3 STREE	T ADDRESS			ļ
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			D & delition
TITLE	_	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	i i	•		
STREET ADDRESS	,			T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		Chanca	Addition
TITLE	1	☐ DELETE	6.1 TITLE	}		☐ Change	Addition
NAME			6.2 NAME	ET ADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: