

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

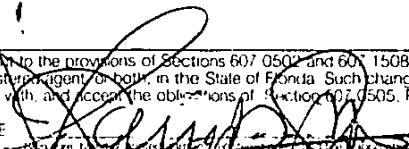
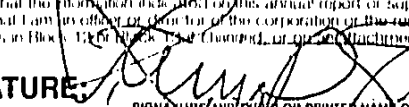
APPROVED
AND
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95 MAY -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H35297 (1) 1. Corporation Name WATSON, GOLDSTEIN & PEARSON, P.A.			
Principal Place of Business % JOHN E. WATSON 600 - 49TH STREET, NORTH, SUITE #A1 ST. PETERSBURG FL 33710		Mailing Address % JOHN E. WATSON 600 - 49TH STREET, NORTH, SUITE #A1 ST. PETERSBURG FL 33710	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29	
9. Name and Address of Current Registered Agent WATSON, JOHN E. 600 - 49TH STREET, NORTH, SUITE #A1 ST. PETERSBURG FL 33710		10. Name and Address of New Registered Agent 81 Name LARRY D. GOLDSTEIN 82 Street Address (P.O. Box Number is Not Acceptable) 600-49th Street No. Suite #A1 83 St. Petersburg FL 33710 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  5/1/95			
12. OFFICERS AND DIRECTORS 12.1 NAME PD WATSON, JOHN E. 12.2 STREET ADDRESS 600-49TH STREET, N., #A1 12.3 CITY, ST, ZIP ST. PETERSBURG FL 12.4 NAME VSD GOLDSTEIN, LARRY D. 12.5 STREET ADDRESS 600-49TH ST N, #A1 12.6 CITY, ST, ZIP ST. PETERSBURG FL 12.7 NAME PEARSON, FREDRICK J. 12.8 STREET ADDRESS 600-49TH ST N, #A1 12.9 CITY, ST, ZIP ST. PETERSBURG FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE PD, VSD, V ☒ Change ☐ Addition 13.2 NAME GOLDSTEIN, LARRY D. 13.3 STREET ADDRESS 600-49TH STREET, N #A1 13.4 CITY, ST, ZIP ST. PETERSBURG FL 13.5 TITLE ☐ Change ☐ Addition 13.6 NAME ☐ Change ☐ Addition 13.7 STREET ADDRESS ☐ Change ☐ Addition 13.8 CITY, ST, ZIP ☐ Change ☐ Addition 13.9 TITLE ☐ Change ☐ Addition 13.10 NAME ☐ Change ☐ Addition 13.11 STREET ADDRESS ☐ Change ☐ Addition 13.12 CITY, ST, ZIP ☐ Change ☐ Addition 13.13 TITLE ☐ Change ☐ Addition 13.14 NAME ☐ Change ☐ Addition 13.15 STREET ADDRESS ☐ Change ☐ Addition 13.16 CITY, ST, ZIP ☐ Change ☐ Addition 13.17 TITLE ☐ Change ☐ Addition 13.18 NAME ☐ Change ☐ Addition 13.19 STREET ADDRESS ☐ Change ☐ Addition 13.20 CITY, ST, ZIP ☐ Change ☐ Addition	
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)(b), Florida Statutes. I further certify that the information included in 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 a member or officer 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. If the block is being changed, or if no block is attached, with an address.			
SIGNATURE:  PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813-327-6680	