

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

04-21-1999 90174 037 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H98002

1. Corporation Name
WATTS & ASSOCIATES, INC.

Principal Place of Business
1796 SATINWOOD CIRCLE
COCONUT CREEK FL 33063

Mailing Address
1796 SATINWOOD CIRCLE
COCONUT CREEK FL 33063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>100 RIVERSTONE DRIVE</u> Suite, Apt. #, etc.		2a. Mailing Address 26 <u>100 RIVERSTONE DRIVE</u> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <u>02/06/1986</u>	
23 <u>JASPER, GA</u> City & State		27 <u>JASPER, GA</u> City & State		4. FEI Number <u>65-0088184</u>	
24 <u>30143</u> Zip		29 <u>30143</u> Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country <u>USA</u>		Country <u>USA</u>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WATTS, RODNEY L
1798 SATINWOOD CIRCLE
COCONUT CREEK FL 33063

10. Name and Address of New Registered Agent

81 Name CHARLES MATZA
82 Street Address (P.O. Box Number is Not Acceptable)
105113 UMALLEES PLACE
83
84 City COCONUT CREEK FL 85 Zip Code 33073

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

Charles Matza
Signature, typed or printed name of registered agent and title if applicable

CHARLES MATZA
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WATTS, RODNEY	1.2 NAME	WATTS, RODNEY
STREET ADDRESS	1796 SATINWOOD CIR.	1.3 STREET ADDRESS	<u>100 RIVERSTONE DRIVE</u>
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	<u>JASPER, GA 30143</u>
TITLE	VSD	2.1 TITLE	D
NAME	WATTS, G. S.	2.2 NAME	WATTS, G.S.
STREET ADDRESS	1796 SATINWOOD CIR.	2.3 STREET ADDRESS	<u>100 RIVERSTONE DRIVE</u>
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	<u>JASPER, GA 30143</u>
TITLE	TD	3.1 TITLE	TSB
NAME	WATTS, SHARON	3.2 NAME	WATTS, SHARON
STREET ADDRESS	1796 SATINWOOD CIR.	3.3 STREET ADDRESS	<u>100 RIVERSTONE DRIVE</u>
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	<u>JASPER, GA 30143</u>
TITLE	D	4.1 TITLE	D
NAME	WATTS, RANDAL L	4.2 NAME	<u>RODNEY WATTS, RANDAL L</u>
STREET ADDRESS	1796 SATINWOOD CIR	4.3 STREET ADDRESS	<u>100 RIVERSTONE DRIVE</u>
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	<u>JASPER, GA 30143</u>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE: Rodney Watts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/99
Date

770-735-7374
Daytime Phone #