

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

**FILED**

**Feb 10 1998 8:00am  
Secretary of State**



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

PROFIT CORPORATION ANNUAL REPORT 1998

**DOCUMENT # J09175 (7)**  
1. Corporation Name  
**ROBERT J. WATSON, P.A.**



Principal Place of Business: **3601 W E OCEAN BLVD, STUART FL 34996, US**  
Mailing Address: **3601 S E OCEAN BLVD, STUART FL 34996, US**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified: **04/15/1986**

2. Principal Place of Business: **3601 S.E. OCEAN BLVD, SUITE 4, SEWALL'S POINT, FL 34996, U.S.**  
2a. Mailing Address: **3601 SE. OCEAN BLVD, SUITE 4, SEWALL'S POINT, FL 34996, U.S.**

4. FEI Number: **59-2667091**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent: **WATSON, ROBERT J., 3601 S E OCEAN BLVD #4, SUITE 120, STUART FL 34996**

10. Name and Address of New Registered Agent:  
81 Name: **- SAME -**  
82 Street Address (P.O. Box Number is Not Acceptable): **3601 SE OCEAN BLVD**  
83: **SUITE 4**  
84 City: **SEWALL'S POINT FL** 85 Zip Code: **34996**

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 of record, 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 I accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE: *[Signature]* **ROBERT J. WATSON** DATE: **2-3-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WATSON, ROBERT J.</b>	
STREET ADDRESS	<b>3601 S E OCEAN BLVD #4</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *[Signature]* **2-3-98 561 288-1880**

CFR2E034 (10/97)