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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

MANAGEMEN	0
1996	

DOCUMENT #

J89016

(6)

J. WATSON, INC.

Principal Place of Business	Mailing Address
% DAVID A. DUNKIN	% DAVID A. DUNKIN 170 WEST DEARBORN
170 WEST DEARBORN ENGLEWOOD FL 34223	ENGLEWOOD FL 34223



						3. Date Incorporated or Qualified 08/24/1987		of Last Report 3/02/1995
2.	Principal Place of Busin	ness	2a. Mailing	Address		4. FEI Number		Applied For
21			26			59-2847161		Not Applicable
22	Suite, Apt. #, etc.		Suite, A	φt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	Orty & State		City 8 5	State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	Ζφ	Country 25	Ζφ. 29	Country 30		This corporation has liability for Florida Statutes	intangible ta	unders 199.032,
1	9. Name	e and Address of Cu	rrent Registered Ag	gent		10. Name and Address of New F	legistered A	lgent
				81	Name			
DUNKIN, DAVID A. 170 WEST DEARBORN				82	Street Address	(P.O. Box Number is Not Acceptal	ble)	
	ENGLEWOOD FL			83				
				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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	spear we typed or printed have of registered agent and a		E. Registered Agent signature regional.	
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
T ltř	D	DEVETE	1 1 TITLE	Change Addition
NAME	Watson, Herbert M.		1.2 NAMÉ	
STREET ADORESS	15 WINDSOR DRIVE		1.3 STREET ADORESS	
CITY S1-712	ENGLEWOOD FL		1.4 City - ST - ZIF	
li d	D	DELETE	2 1 1111€	Change Addition
NAME	WATSON, JANET E.		2.2 NAME	
STREET ADDRESS	15 WINDSOR DRIVE		2.3 STREET ADDRESS	
CHTY ST-ZIP	ENGLEWOOD FL		2 4 CiTY - ST - ZiP	
TITLE		□ DELETE	3 1 THLF	Change Addition
MME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CHY ST ZiP			3.4 CITY - ST - ZIP	
T:ILE		DELETE	4. 1 TITLE	Change Addition
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
City-St ZiP			4.4 CHY+S1-7IF	
THEF		DELETE	5 1 TITLE	Change Addition
NAME .			5.2 NAME	
STREET ADORESS			5.3 STREET ADDRESS	
CITY - \$1 - ZIP			5.4 CHTY - ST - 7IP	
ħILF		□ DELET E	6 I THILE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY - S1 - ZIP			64 CITY - ST - 2IP	o. the exception stated in Section 110 07(9)(b) Florida Statutos I further

14. Ldo 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)(k). 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delta Daytona Etxone #

CR2E034 (12/95)