

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K09744 (9)**

1. Corporation Name

ABIGAIL C. WATTS-FITZGERALD, P.A.



Principal Place of Business

**4000 SOUTHEAST FINANCIAL CENTER
200 S. BISCAYNE BLVD
MIAMI FL 33131-9398**

Mailing Address

**4000 SOUTHEAST FINANCIAL CENTER
200 S. BISCAYNE BLVD
MIAMI FL 33131-9398**

2. Principal Place of Business

2a. Mailing Address

21 **4000 First Union Financial Center** 26 **4000 First Union Financial Center**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 **33131-2398**

25 **USA**

29 **33131-2398**

30 **USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/01/1988

3a. Date of Last Report
03/14/1995

4. FEI Number

65-0028177

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**WATTS-FITZGERALD, ABIGAIL C.
4000 SE FINANCIAL CENTER
4000 SE FINANCIAL CENTER
MIAMI FL 33131-2398**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd.

83

4000 S First Union Financial Center

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

Signature of person named as registered agent (if applicable)

(Not for Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPTS** ☐ DELETE
NAME **WATTS-FITZGERALD, ABIGAIL**
STREET ADDRESS **4000 SE FINANCIAL CENTER**
CITY, ST, ZIP **MIAMI FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

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NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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)(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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Abigail C. Watts-Fitzgerald, Pres. 1/19/96 305-577-2916

Date Daytime Phone #

CR2E034 (12/95)