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Mar 14, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L12888

1. Corporation Name

WATT ENTERPRISES, INC.

Principal Place	e of Business	Mailing Address	·· <del>·</del>	199918(1998119911991			
200 SO. BISCA	YNE BLVD	200 SO. BISCAYNE BLVD.					
SUITE 4750		SUITE 4750		. DO NOT WRI	TE IN THIS SPACE		
MIAMI FL 33131		MIAMI FL 33131		3. Date Incorporated or Qualified			
US		03		08/23/1989			
A Drivered D	In an of Business	2a, Mailing Address		4, FEI Number	. Anr	olied For	
	lace of Business	_ · .	. Terrace	65-0187273	· ++	Applicable	
21 5/5 Suite, Apt.	1 Timberview Terrice	26 3151 Timber Suite, Apt. #, etc.	78W 70" 4CC	050101213	\$8.75 A		
	#, etc.	27		5. Certifcate of Status Desired	Fee Re		
City & State	Δ	City & State		6. Election Campaign Financing	\$5.00	May Bo	
	ando FL	28 Orlando	FL	Trust Fund Contribution	Added to	- 1	
Zip	Country	Zip	Country	This corporation owes the curr			
一 · つつ			0 USA	Personal Property Tax.		□No	
24 7~	9. Name and Address of Current		-12-7	10. Name and Address of New I	Registered Agent		
	3. /1		81 Name	Tohn Watt :	Possolo 3	,	
FRO	ST, IRWIN M.			· · · · · · · · · · · · · · · · · · ·	Fresour	<u></u>	
	SO. BISCAYNE BLVD.		82 Street Add	ress (P.O. Box Number is Not Accept	adie) Perrace	}	
	E 4750		83	7 71.102 1640 7			
	VI FL 33131						
***** 11			84 City (2)	rlando	FL 85 3	ode 10	
	to the provisions of Sections 607.0502	CO7 1500 Florido Statutos	the above named corr	poration submits this statement for the	numose of changing its	registered	
office or r	to the provisions of Sections 607,0002 egistered agent, or both, in the State our familiar with, and accept the obligation	f Florida. Such change was aut	horized by the corporati	on's board of directors. I hereby acce	pt the appointment as reg	gistered	
agent La	m familiar with, and accept the obligation	ods.of, Section 607.0505, Florid	da Statutes.				
ayent. ra	- \ / Z   \ /       \ /       \ /         \ /	/>		•			
SIGNATURE	Lange W	60		· · · · · · · · · · · · · · · · · · ·	·	}	_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating)	DATE		(80)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	tegistered Agent signature require	· · · · · · · · · · · · · · · · · · ·	DATE		11/08)
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	(4 (11/98)
SIGNATURE  12. TITLE NAME	Signature, typed or printed regree of registered agent OFFICERS AND WATT, MICHELLE W.	and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	034 (11/08)
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed rayle of registered agent OFFICERS AND WATT, MICHELLE W. 5151 TIMBERVIEW TERRACE	and title if applicable. (NOTE: F	tegisiered Agent signature require  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	22E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signalure, typed or printed rapre of registered agent OFFICERS AND WATT, MICHELLE W. 5151 TIMBERVIEW TERRACE ORLANDO FL	and title of explicable. (NOTE: F) D DIRECTORS DELETE	tegisiered Agent signature require  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	CD2E034 (41/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed rayle of registered agent OFFICERS AND WATT, MICHELLE W. 5151 TIMBERVIEW TERRACE ORLANDO FL D	and title if applicable. (NOTE: F	Registered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	CD2E034 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signalule, typed or printed rayle of registered agent OFFICERS AND WATT, MICHELLE W. 5151 TIMBERVIEW TERRACE ORLANDO FL D WATT, JOHN A.	and title of explicable. (NOTE: F) D DIRECTORS DELETE	tegistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	CD2E024 (11/98)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signalule, typed or printed rayle of registered agent OFFICERS AND WATT, MICHELLE W. 5151 TIMBERVIEW TERRACE ORLANDO FL D WATT, JOHN A. 5151 TIMBERVIEW TERRACE	and title of explicable. (NOTE: F) D DIRECTORS DELETE	Registered Agent signature require  13. 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	ed when reinstating)	DATE FICERS AND DIRECTO	RS IN 12	CD2E024 (11/98)
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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 en en attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR