

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90024 012 ***150.00

DOCUMENT # L12888

1. Corporation Name
WATT ENTERPRISES, INC.



Principal Place of Business

200 SO. BISCAYNE BLVD
SUITE 4750
MIAMI FL 33131
US

Mailing Address

200 SO. BISCAYNE BLVD.
SUITE 4750
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5151 Timberview Terrace

Suite, Apt. #, etc.

22

City & State

23 Orlando FL

Zip

24 32819

Country

25 USA

2a. Mailing Address

26 5151 Timberview Terrace

Suite, Apt. #, etc.

27

City & State

28 Orlando FL

Zip

29 32819

Country

30 USA

3. Date Incorporated or Qualified

08/23/1989

4. FEI Number

65-0187273

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

FROST, IRWIN M.
200 SO. BISCAYNE BLVD.
SUITE 4750
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

John Watt; President

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

5151 Timberview Terrace

83

84 City

Orlando

FL

85 Zip Code

32819

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME WATT, MICHELLE W.
STREET ADDRESS 5151 TIMBERVIEW TERRACE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME WATT, JOHN A.
STREET ADDRESS 5151 TIMBERVIEW TERRACE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/99 407-352-6532

Date

Daytime Phone #

CR2E034 (11/98)

0186680