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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L23322 (5)
1. Corporation Name
~~TRI-CITY LAW OFFICE, P.A.~~ INGRID E. WATKINS, P.A.



Principal Place of Business
1080 SUNSET STRIP
SUITE B
SUNRISE FL 33313

Mailing Address
1080 SUNSET STRIP
SUITE B
SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/16/1989

2. Principal Place of Business
21 7520 NW 6th Court
Suite, Apt. #, etc.
22 City & State
23 PLANTATION, FL
24 Zip 33317 25 Country USA

2a. Mailing Address
26 P.O. Box 15672
Suite, Apt. #, etc.
27 City & State
28 PLANTATION, FL
29 Zip 33317 30 Country USA

4. FEI Number
65-0151336
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
WATKINS, INGRID E., ESQ.
1080 SUNSET STRIP
SUITE B
SUNRISE FL 33313

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
21 JACARANDA DR #121
83
84 City PLANTATION FL 85 Zip Code 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	PSTD
NAME	WATKINS, INGRID E.	1.2 NAME	INGRID E. WATKINS
STREET ADDRESS	1080 SUNSET STRIP, SUITE B	1.3 STREET ADDRESS	21 JACARANDA DR. #121
CITY-ST-ZIP	SUNRISE FL 33313	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	400002518254
STREET ADDRESS		5.3 STREET ADDRESS	-05/11/98--01007--022
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ 3/19/98 10:11/79/-2262

CR2E034 (10/97)