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

Mailing Address

420 NW 110TH AVE.

PLANTATION FL 33014

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 13, 1999 8:00am

**Secretary of State** 

02-13-1999 90019 030 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P92000010333

Principal Place of Business

420 NW 110TH AVE

PLANTATION FL 33014

WATSON-MCFEELY & ASSOCIATES, INC.

Suite, Apt. #, etc.  City & State  Personal Property Taix.  Personal Property Taix.  Personal Property Taix.  Name  MCFEELY, WILLIAM H  420 N.W. 110TH AVENUE  PLANTATION FL 33324  84 City  FL 85 Zip Cor  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 re 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 registagent. I am familiar with, and accept the obligations of Sections 607.0505. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its re 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 registagent. I am familiar with, and accept the obligations of Sections 607.0505. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its re 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 signature required when religible (City)  DATE  11. Pursuant to the provisions of Sections 607.0505. Florida Statutes. The above-named complete for the purpose of changing its re office or registered agent, or both					
2. Principal Place of Business   2. Mailing Address   4. FEL Number   Appl   Not Zip   Suite					
Suite, Apt. #, etc.  Six State  City & State	ed For				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   So. Certificate of Status Desired   S8.75 Apt. Fee Req.	pplicable				
City & State					
City & State 23					
Zip   Country   Zip   Country   B. This corporation owes the current year intangible   Pressure					
Zip Country Zip Country Zip Country Again State State State Address of Current Registered Agent    **Normal Address of Current Registered Agent**  **Normal Address of Current Registered Agent**  **MCFEELY, WILLIAM H 420 N.W. 110TH AVENUE PLANTATION FL 33324**  **PLANTATION FL 33324**  **Basic Street Address (P.O. Box Number is Not Acceptable)**  **PLANTATION FL 33324**  **Basic Street Address (P.O. Box Number is Not Acceptable)**  **PLANTATION FL 33324**  **Basic Street Address (P.O. Box Number is Not Acceptable)**  **PLANTATION FL 33324**  **Basic Street Address (P.O. Box Number is Not Acceptable)**  **PLANTATION FL 33324**  **Basic Street Address (P.O. Box Number is Not Acceptable)**  **PLANTATION FL 33324**  **Basic Address (P.O. Box Number is Not Acceptable)**  **PLANTATION FL 33324**  **Basic Address (P.O. Box Number is Not Acceptable)**  **PLANTATION FL 33324**  **PLANTATION FL 33324**  **NOTE Registered Agent signature required when rehibiting)**  **DATE**  **DATE*	, ,				
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  NOFEELY, WILLIAM H 420 N.W. 110TH AVENUE PLANTATION FL 33324  84 City  FL B Zp Co-  11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re- 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, and accept the obligations of, Section 607 607.505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 and tide if applicable.  (NOTE: Registered Agent signature required when reinstating)  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY ST-22P  WATSON-MCFEELY, FRANCESCA M  12. NAME  13. STREET ADDRESS  CITY-ST-22P  PLANTATION FL 33324  14. CITY-ST-22P  15. LANGE  16. STREET ADDRESS  17. STREET ADDRESS  18. STREET ADDRESS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  20. TITLE  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  21. TITLE  22. NAME  23. STREET ADDRESS  24. CITY-ST-22P  25. TITLE  26. CHANGES TO THE ADDRESS  26. TITLE  27. ADDITION					
MCFEELY, WILLIAM H 420 N.W. 110TH AVENUE PLANTATION FL 33324  83  84 City FL 85 Zyp Co  71. Pursuant to the provisions of Sections 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re 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 regis 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 life if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY-ST-ZP  WATSON-MCFEELY, FRANCESCA M  12. NAME WATSON-MCFEELY, FRANCESCA M  420 NW 110TH AVE  13. STREET ADDRESS  CITY-ST-ZP  PLANTATION FL 33324  14. CITY-ST-ZP  Change  Change  Change  Change  Change  Change  17. Pursuant to the provisions of Sections 607, 1508, Florida Statutes.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. Pursuant to the provisions of Sections 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re 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 regis  street ADDRESS  CITY-ST-ZP  Change  Change  12. NAME  13. STREET ADDRESS  CITY-ST-ZP  Change  Chang	No				
MCFEELY, WILLIAM H 420 N.W. 110TH AVENUE PLANTATION FL 33324  84 City FL 85 Zip Cor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its re 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 approximent as regis separed. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, hyped or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS TITLE DPT					
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A20 N.W. 110TH AVENUE   PLANTATION FL 33324   84    City					
PLANTATION FL 33324  83  84 City  FL 85 Zip Co  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 re 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, and accept the objection 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  DPT  WATSON-MCFEELY, FRANCESCA M  12. NAME  WATSON-MCFEELY, FRANCESCA M  13. STREETADDRESS  420 NW 110TH AVE  13. STREETADDRESS  420 NW 110TH AVE  14. CITY-ST-ZIP  ITTLE  DVS  MCFEELY, WILLIAM H  22. NAME  MCFEELY, WILLIAM H  22. NAME  420 NW 110TH AVE  23. STREETADDRESS  420 NW 110TH AVE  23. STREETADDRESS  13. STREETADDRESS  Change  Change  Change  Change  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  3.3 TITLE  DELETE  3.4 TITLE  DELETE  3.5 TITLE  DELETE  3.5 TITLE  DELETE  3.5 TITLE  DELETE  3.6 TITLE  DELETE  3.7 TITLE  DELETE  3.8 TITLE  DEL	et Address (P.O. Box Number is Not Acceptable)				
B4   City   FL   B5   Zip Co.					
The provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its resolution of 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILE  DPT  WATSON-MCFEELY, FRANCESCA M  12. NAME  WATSON-MCFEELY, FRANCESCA M  12. NAME  STREET ADDRESS  CITY-ST-ZIP  DVS  MCFEELY, WILLIAM H  STREET ADDRESS  CITY-ST-ZIP  DELETE  13. TITLE  DVS  MCFEELY, WILLIAM H  22. NAME  13. STREET ADDRESS  CITY-ST-ZIP  DVS  MCFEELY, WILLIAM H  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  41. TITLE  Change  CITY-ST-ZIP  TITLE  DELETE  31. TITLE  Change  CITY-ST-ZIP  TITLE  DELETE  51. TITLE  Change  12. Change  13. STREET ADDRESS  CITY-ST-ZIP  Change  14. CITY-ST-ZIP  TITLE  Change  15. TITLE  Change  CITY-ST-ZIP  TITLE  Change  CITY-ST-ZIP  TITLE  Change  16. Change  17. Change  CITY-ST-ZIP  TITLE  Change  CITY-ST-ZIP  CHANCE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  CHANGE  CHAN					
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Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DPT WATSON-MCFEELY, FRANCESCA M STREET ADDRESS CITY-ST-ZIP  TITLE DVS MCFEELY, WILLIAM H STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324  TITLE DVS MCFEELY, WILLIAM H STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE 3.2 STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP AMME ANAME STREET ADDRESS CITY-ST-ZIP AMME ANAME STREET ADDRESS CITY-ST-ZIP AMME ANAME STREET ADDRESS CITY-ST-ZIP Change AMME STREET ADDRESS CITY-ST-ZIP Change AMME ANAME AN					
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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 info 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 at 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 appear Block 12 or Block 13 if chapted, or on an attachment and other like empowered.	n an				

**SIGNATURE**