
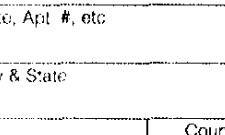


FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <h1 style="margin: 0;">1997</h1>				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		
DOCUMENT # P93000054582 (0)						
1. Corporation Name WATSON & OSBORNE, P.A.						
Principal Place of Business 208 PONTE VEDRA PARK DRIVE SUITE 101 PONTE VEDRA BEACH FL 32082-6600 6600 US			Mailing Address 208 PONTE VEDRA PARK DRIVE SUITE 101 PONTE VEDRA BEACH FL 32082-6600 US			
2. Principal Place of Business			2a. Mailing Address			
21 Suite, Apt #, etc.			26 Suite, Apt #, etc.			
22 City & State:			27 City & State:			
23 Zip Country			28 Zip Country			
24 25			29 30			
9. Name and Address of Current Registered Agent						
WATSON, G. KEITH 208 PONTE VEDRA PARK DRIVE SUITE 101 PONTE VEDRA BEACH FL 32082-6600					81 Name 82 Street Address 83 84 City	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE _____ <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required.)</small>						
12. OFFICERS AND DIRECTORS						
TITLE					<input type="checkbox"/>	DELETE
NAME	PTSD WATSON, G. KEITH					
STREET ADDRESS	208 PONTE VEDRA PARK DRIVE SUITE 101					
CITY-ST-ZIP	PONTE VEDRA BEACH FL 00					
TITLE	V				<input type="checkbox"/>	DELETE
NAME	OSBORNE, LEE S					
STREET ADDRESS	6825 LILLIAN RD					
CITY-ST-ZIP	JACKSONVILLE FL					
TITLE					<input type="checkbox"/>	DELETE
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					<input type="checkbox"/>	DELETE
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					<input type="checkbox"/>	DELETE
NAME						
STREET ADDRESS						
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TITLE					<input type="checkbox"/>	DELETE
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					<input type="checkbox"/>	DELETE
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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						
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						
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE:  <i>Keith Watson</i> , President/Treasurer						



CR2E034 (9/96)

01/28/97 (904) 273-7009

 Leaving Phone # _____