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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000016797 (8)

WOMENWATCH, INC.

Principal Place of Business

Mailing Address

FILED Mar 05 1998 8:00am Secretary of State



| T TITICIPALLIACE | O Dusiness | Maning Address | Maning Address | | | | | |
|---|---|---|----------------|---|----------------|--|--------------|--|
| 1035 SOUTH (| FEDERAL HIGHWAY. #205 | 1035 SOUTH FEDERAL HIGHWAY, #205 DELRAY BEACH FL 33483 | | |) 5 | | | |
| DELRAY BEAC | H FL 33483 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | | | ···· | |
| | | | | | | 3. Date Incorporated or Qualified | | |
| S. Deinston DI | and of Oursiness | On Mailing Add | 0.04 | | | 02/23/1996 | | |
| <u> </u> | ace of Business | 2a. Mailing Address | | | | | plied For | |
| 21 Suite Apt # etc | | 26 Suite Ant # ata | | | | 99 99 19 19 | t Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired Fee Re | | |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip Country | | | | 8. This corporation owes or has paid the current year Inta | angible | |
| 24 | 25 | 29 | 30 | | | _ ` <u> </u> |] No | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Registered Agent | | |
| CIC | ERONE, ANGEL | | | 81 | Name | | | |
| | | #205 | | | 0: 1.1 | (0.0.0. 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | |
| 1035 SOUTH FEDERAL HIGHWAY, #205 DELRAY BEACH FL 33483 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| DEC | HAT DEAUTIFL 33403 | | | 83 | | | | |
| | | | | | | | ľ | |
| | | | | 84 | City | FL 85 Zip 0 | Code | |
| 2.5 | 10 | | | ļ | | | | |
| 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 as | | | | nt signature t | equired when reinstating) DATE | | |
| 12. | | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | - | |
| TITLE | D | ☐ DE | | .1 TITLE | - 1 | L Change | Addition | |
| NAME | CICERONE, ANGEL | | - | .2 NAME | | | | |
| STREET ADDRESS | 1035 SOUTH FEDERAL HIGH | HWAY, #205 | / 1 | .3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | | | 4 CITY-S | 1- ZIP | | | |
| TITLE | D | D DE | LETE 2 | 1 TITLE | 1 | L.J. Change | Addition | |
| NAME | JACKSON, BARBARA | | 2 | 2 NAME | | - | ľ | |
| STREET ADDRESS | 1035 SOUTH FEDERAL HIGH | HWAY, #205 | 2 | 3 STREET | ADDRESS | · · · · · · · · · · · · · · · · · · · | ļ | |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | | 2 | 4 CITY-S | 7 - ZIP | | F | |
| TITLE | | ☐ DE | | .1 117LE | | ☐ Change | Addition | |
| NAME | | | 3 | 2 NAME | | • | j | |
| STREET ADDRESS | | | | 3 STREET | ADORESS | | | |
| CITY-ST-ZIP | | | 1 | .4. CITY - S | | | | |
| TETLE | | ☐ DE | | .1 TITLE | 1 611 | Change | Addition | |
| NAME | | D 3% | | . 2 NAME | | | | |
| | | | | | ADDDESO | | | |
| STREET ADDRESS | | | | .3 STREET | | | | |
| CITY-ST-ZIP | | □ pr | | .4 CITY - ST | I - ZIP | F 0 | Addition | |
| TITLE | | ☐ DE | | .1 TITLE | j | ☐ Change | Addition | |
| NAME | | | 5. | .2 NAME | | | | |
| STREET ADDRESS | | | 5. | 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | | 4 CITY-ST | - ZIP | | | |
| TITLE | | ☐ DE | LETE 6. | .1 TITLE | | ☐ Change | ☐ Addition | |
| NAME | | | 6. | 2 NAME | | | | |
| STREET ADDRESS | | | 6. | 3 STREET | ADDRESS | | | |
| CiTV_CT. 7/0 | | | | A CITY ST | | | | |

14. Thereby 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 attrachment with a raddress.

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