## 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 #

1. Corporation Name P96000018903 (0)

255 ALHAMBRA CIRCLE

**CORAL GABLES FL 33134** 

STREET ADDRESS

CITY-ST-ZIP

WATCH STATION, INC.

Principal Place of Business Mailing Address 255 ALHAMBRA CIRCLE 255 ALHAMBRA CIRCLE **CORAL GABLES FL 33134 CORAL GABLES FL 33134** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0654404 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 Zip Code 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 the if applicable (NOTE: Registered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DDCE DELETE PDCE 1.1 TITLE TITLE JOHN X. WATSON CHADSEY, JACK B 1.2 NAME NAME 255 ALHATBAL CIRCLE **255 ALHAMBRA CIRCLE** 1.3 STREET ADDRESS STREET ADDRESS CORM GABLES CORAL GABLES FL 33134 1.4 CITY-ST-ZIP CITY-ST-ZIP VID DELETE Addition Change TITLE 2.1 TITLE PETERSEN, LARRY G NAME 2.2 NAME **25**5 ALHAMBRA CIRCLE STREET ADDRESS 2.3 STREET ADDRESS CORAL GABLES FL 33134 2. 4 CITY-ST - ZIP CITY-ST-ZIP Addition DELETE SATD ☐ Change 3.1 TITLE TITLE PITA, GEORGE L NAME 3.2 NAME 255 ALHAMBRA CIRCLE STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 3.4. CHTY - ST - ZIP CORNOLIUS, MICHAEL 255 ALHAMBRA CIRCLE DELETE Change Addition TITLE 4.1 TITLE Marban, Marlene M 4. 2 NAME NAME 255 ALHAMBRA CIRCLE 4.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5.1 TITL€ TITLE grund. Edward L 5.2 NAME NAME 255 ALHAMBRA CIRCLE STREET ADDRESS 5.3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITL€ TITLE PETERSEN, LARRY G 6.2 NAME NAME

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 changing, or organizationment with an address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

Apr 28 1998 8:00am

Secretary of State