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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

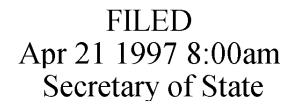
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000050708 (2)

WAT-HAM ENTERPRISE, INC.

Principal Place of Business

Mailing Address





18334 HOMEST MIAMI FL 3315		18334 HOMESTEAD AVE MIAMI FL 33157-5534								
	· ·					3. Date incorporated or Qualified 06/13/1996	3a. Date	of Last Re	eporl	
	lace of Business	2a. Mailing Address				4. FEI Number	- 0	Ap	pplied For	
21 1833						65-068831	28	No	ot Applicable	
Suite, Apt. #, 'etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 A Fee Re		
	mi, Florida 28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24 33	Country	Zip		Country		8. This corporation has liability for			. 199.032,	
24 5 3	25 / 25 S. Name and Address of Current I	29 30 Registered Agent				Florida Statutes Yes W No 10. Name and Address of New Registered Agent				
WATSON, EVERET 18334 HOMESTEAD AVENUE										
] '	82 Str	Street Address (P.O. Box Number is Not Acceptable)						
MILL	MI FL 33157		t	83						
			-							
			Į:	B4 City	/		FL	85 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, typod or printed name of registi red agent and title if applicable. (NOTE: Registored Agent signature required when reinstating) (DATE										
12.	OFFICERS AND I		13.			ADDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR		
TITLE	PD	LJ DELFTE	1.1 1)TL	, F			Į.] Change	Addition	
NAME	WATSON, EVERET		1.2 NAM	ΛE					;	
STREET ADDRESS	18334 HOMESTEAD AVE		1.3 STR	EE1 ADDRE	ss					
CITY-ST-ZIP	MIAMI FL 33157	Toronto.		Y-ST-7/P				T	i	
TITLE	VSTD	☐ DELETE	211114] Change	Addition	
NAME	HAMILTON, MARVLEEN 18334 HOMESTEAD AVE		2.2 NAM							
STREET ADDRESS	MIAMI FL 33157			EET ADDRE	SS	1 th				
ÇITY-ST-ZIP TITLE			2. 4 DH	Y-\$T-7IP				Change	Addition	
NAME		בן סגננונ	3.2 NAN			* ·	L	1 civilina	☐ Addition	
STREET ADDRESS			4							
City-ST-ZIP				EET ADDRE	33					
TITLE		DELETÉ	4.1 Till	Y - S1 - ZIP				Change	Addition	
NAME			4.2 NAI				_	, onlingo		
STREET ADDRESS				EET ADDRE	22					
CITY-ST-ZIP	•			7-ST-ZIP						
TITLE		DELETE	5.1 TITE					Change	Addition	
NAME	•		5.2 NAN	4E						
STREET ADDRESS			5.3 S1R	CET ADDRE	ss					
CITY-ST-ZIP			5.4 001	7-ST-7IP						
TITLE		DELETE	611ITL					Change	Addition	
NAME			6.2 NAN	A E						
STREET ADDRESS			6.3 STR	EET ADDRE	ss					
CITY-ST-ZIP			6.4 CITY	(-S1-7IP						
14. I do 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.										

OU.