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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000084311 (5)

WATTS CONSULTING INC.

								41 280 14781 178	A 1101 IDRI
Principal Place of Business		Mailing Address				1 thining in their plas anis pain and	E MANAGE LANGER A	14000 HIEL HO	TI SERE IBRE
	-WEST 126TH AVENUE ERDALE FL 33330		4940 SOUTHWEST 126TH AVENUE FORT LAUDERDALE FL 33330-2320						
						3. Date Incorporated or Qualified 10/11/1996	3a. Da	te of Last F	leport
2. Principal	Place of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number	······································	A	pplied For
21		26	26			165-07-1138=		No	ot Applicable
Suite, Apt. #, etc		Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & St	ale	City & State	 			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zφ	Cour	Country		8. This corporation has fiability for i	ability for intengible tax under s. 199.032,		
24	25	25 29 30				Florida Statutes Yes No			
.,	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Re	gistered A	(gent	
M	CCORMICK, ARTHUR F			81	Name				
7550 RED ROAD SUITE 203				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
S	Ì					·			
				83		•			
			}	اا			 	Table 1991	
				84	City		FL	85 Zip	Code
11. Pursual office of agent.	nt to the provisions of Sections 607. or registered agent, or both, in the St I am familiar with, and accept the of	0502 and 607.1508, Florida tale of Florida. Such change oligations of, Section 607.05	Statutes the ah	hove	named corpo	oration submits this statement for the p on's board of directors. I hereby accep	urpose of	changing i	ts registered
11. Pursual office of agent. I	r registered agent, or both, in the St Lam familiar with, and accept the ob E	tate of Florida. Such change bligations of, Section 607.05	Statutes, the ab was authorized 05, Florida Statu	bove d by lutes.	-named corpo the corporation	on's board of directors. I hereby accep	urpose of the appo	changing i	ts registered
office o agent. I SIGNATURI	or registered agent, or both, in the St Lam familiar with, and accept the ob- E	tate of Florida. Such change bligations of, Section 607.05 dagent and title if applicable	Statutes, the ab was authorized 05, Florida Stati	bove d by lutes.	-named corpo the corporation	on's board of directors. I hereby accept d when reinstating)	urpose of the appo	changing i	ts registered registered
office of agent. I SIGNATURI 12.	or registered agent, or both, in the St I am familiar with, and accept the ob- E Signature typed or printed name of registeric OFFICERS	tate of Florida. Such change bligations of, Section 607.05	Statutes, the abe was authorized 05, Florida Statu (NOTE: Registered 13.	bove d by lutes.	-named corpo the corporation	on's board of directors. I hereby accep	urpose of the appo	changing i	ts registered registered
office o agent. I SIGNATURI	or registered agent, or both, in the St am familiar with, and accept the of E Signature typed or profest name of registered OFFICERS D	tate of Florida. Such change bligations of, Section 607.05 d agent and file if applicable AND DIRECTORS	Statutes, the abe was authorized 05, Florida Statu (NOTE: Registered 13.	bove d by jutes. d Agen	-named corpo the corporation	on's board of directors. I hereby accept d when reinstating)	urpose of the appo	changing in changing in control of as	ts registered registered
office of agent. I SIGNATURI 12. TITLE	or registered agent, or both, in the St am familiar with, and accept the observed of the state o	tate of Florida, Such change bligations of, Section 607.05 agent and title if applicable AND DIRECTORS	Statutes, the abe was authorized 505, Florida Statu (NOTE Registered 13.	bove d by tutes. d Agen TLE	named corporation of algorithms and algorithms and algorithms are algorithms.	on's board of directors. I hereby accept d when reinstating)	urpose of the appo	changing in changing in control of as	ts registered registered
office of agent. It SIGNATURI 12. THE NAME STREET ADDRESS	or registered agent, or both, in the St am familiar with, and accept the observed by the obser	tate of Florida, Such change bligations of, Section 607.05 agent and title if applicable AND DIRECTORS DELE	Statutes, the abe was authorized to the control of	bove d by jutes. d Agen TLE AME	named corpx the corporation at signature requires	on's board of directors. I hereby accept d when reinstating)	urpose of the appo	changing in changing in control of as	ts registered registered
office of agent. I SIGNATURI 12. THE	or registered agent, or both, in the St am familiar with, and accept the observed of the state o	tate of Florida, Such change bligations of, Section 607.05 agent and title if applicable AND DIRECTORS DELE	Statutes, the abe was authorized 505, Florida Statu (NOTE Registered 13. TE 1.1 TITE 1.2 NAI 1.3 STA 1.4 CIT	boyed by tutes. d Agen TLE AME TREET /	named corpx the corporation at signature requires	on's board of directors. I hereby accept d when reinstating)	urpose of the appo	changing in changing in control of as	ts registered registered

2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

34. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4 1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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.

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-S1-7/2

STREET ADDRESS

CHY-S*-ZIP

CHTY - ST - ZIF

City-St-ZIP

TITLE

NAME

TITLE

TITLE

NAME

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

atto DR 3/25/20

Daytime Phone #

Change

Change

Change

☐ Change

Addition

Addition

Addition

Addition

FILED

May 12 1997 8:00am

Secretary of State

n kadaraan dur landa arker barer barek bande daker ilakk areba kilak ekila kela kela kela kela barek barar bar