PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000054077**1. Corporation Name

LAW OFFICES OF MARSHALL C. WATSON, P.A.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90004 050 ***158.75



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Principal Place	e of Business	Mailing Addr	ess				1 (98)1	A&: ((# #()) :##1: ##1:	41 48 111 20 111 20	.191 (1111 (1111) (1111)	(6811 1981 1981	
2400 E. COMMERCIAL BLVD., STE. 211 2400 E. COMMERCIAL BLVD., STE. 211												
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308							DO NOT WRITE IN THIS SPACE					
						F	3. Date Incor	porated or Quali				7
						- 1	06/19/1					1
2. Principal P	lace of Business 7,	2a. Mailing A	ddress				4. FEI Numb			Ar	oplied For	1
24	₩	26	•			İ	65-0769	880		No.	ot Applicable	
Suite, Apt. #, LAW Offices of Marshall GAPYAISON, P.A.							of Status Desire	d T		Additional equired		
City & State 5400 NW 24st Terrace						6 Election C	ampaign Financi	ina _	\$5.00	May Be	1	
23	Pt. Laude	nceie, FL 3	3309				Trust Fund	1 Contribution		Added	to Fees	-
Zip	Country	Zip	_	Country	SA			ration owes the	current year	Intangible Yes	₩No	
24	25 USA	29	3	0				Property Tax. Address of Ne	w Pagistar			1
	9. Name and Address of Cui	rent Registered Age	ent	81	Name					su Agent		1
WAT	SON, MARSHALL C				M	KYA1		·Wats				1
2400 E COMMERCIAL BLVD				82		Address 40((P.O. Box Nu	Imber is Not Acc	eptable)	Mace	2	
STE				83		700	بديدا	\cup				1
	AUDERDALE FL 33308											-
		THE CHAIN		84	1	7- L	aude	od ale	F	L 133	<u>∞69</u>	
11. Pursuant	to the provisions of Sections 607.	0502 and 607,1508; F	Torida Statutes	, the abov	e-named	corporat oration's	tion submits the board of dire	nis statement for ctors. I hereby a	the purpose ccept the ap-	of changing its pointment as re	s registered egistered	
agent. I a	to the provisions of Sections 607 egistered agent, of both, in the St m familiar with, and accept the	ligations of, Section 6	07.0505, Florid	a Statutes	3.			,		مماير		
SIGNATURE		<u> </u>							_21	11199		١.
40	Signature, typed or printed name of registered	AND DIRECTORS	(NOTE: Re	agistered Age	nt signature re	required whe	an reinstating)	S/CHANGES TO	OFFICERS	AND DIRECTO	ORS IN 12	1 3
TITLE	DP		DELETE	1.1 TITLE		DΡ			•	Change	Addition	1
NAME	WATSON, MARSHALL C			1.2 NAME		mai	cchall	C. Wat	150M	~~.		
STREET ADDRESS	2400 E. COMMERCIAL BLV	STF 211			T ADORESS	54	00 N	ເພື່ອເ	Ter	race	_	13
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			1.4 CITY- 9		6		<i>lerdale</i>	: FL	3330)9	1 8
TITLE	TT. DADDENDINEET E GOOD		DELETE	2.1 TITLE				<u> </u>		Change	☐ Addition	16
NAME				2.2 NAME								
STREET ADDRESS				2.3 STREE	T ADDRESS							
CITY-ST-ZIP				2. 4 CITY+	ST-ZIP				•-			1
TITLE			DELETE	3.1 TITLE						☐ Change	☐ Addition	Ì
NAME				3.2 NAME								
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CITY-ST-ZIP				3.4. CITY-	ST-ZIP							1
TITLE] DELETE	4.1 TITLE						Change	Addition	
NAME				4. 2 NAME								
STREET ADDRESS				43 STREE	TADDRESS							1
CITY-ST-ZIP				4.4 CITY-5	ST-ZIP	ļ						-
TITLE			DELETE	5.1 TITLE						Change	☐ Addition	
NAME				5.2 NAME								
STREET ADDRESS					TADORESS							
CITY-ST-ZIP			7	5.4 CITY-5	T-ZIP						□ Addition	-
TITLE			DELETE	6.1 TITLE						☐ Change	☐ Addition	
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREE	TADDRESS					•		1
	1			= 6 * CHV_9	1.712							1

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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: