Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90002 049 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000096088

1. Corporation Name

WATERSHED CAULKING & WATERPROOFING INC.

Principal Place	e of Business	Mailing Address			יישט ניופר היקט ווופר הפנו מופני פון אמנונטני ו	. 1919 - 1919 - 1919 1	/B(B) 1011 1001	
2020 NW 33RD	ST	2020 NW 33RD ST	,					
FORT LAUDERDALE FL 33309		FORT LAUDERDALE FL 33305	9	1	DO NOT WRITE IN THI	S SDACE		
		•			3. Date Incorporated or Qualifed	3 SPACE		
					11/10/1997		·	
	1 Surian	2a Moiling Addross		<u> </u>	4. FEI Number	Δnr	olied For	
<b>—</b> '	lace of Business	2a. Mailing Address		. ~	65-0804383	<u> </u>	Applicable	!
Suite, Apt.	# 210	Suite, Apt. #, etc.		<u>'</u>		\$8.75 A		l
— · · ·	#, BIC.	27			5. Certifcate of Status Desired	Fee Re		
City & State	9 '	City & State	<del></del>	<u>-</u>	6. Election Campaign Financing	\$5.00	Mav Be	
23		28	تستست		Trust Fund Contribution		o Fees	=
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year to	ntangible		
24	25	29	10	<u></u>	Personal Property Tax.	Yes	□No	
<i>3:1</i>	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	d Agent		
				81 Name				
BAR		}	82 Street Add	ress (P.O. Box Number is Not Acceptable)				
2020 NW 33RD ST.								
FOR	T LAUDERDALE FL 33309		İ	83	•			
			-	84 City		85 Zip C	Code	
					F	┕╎│		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the at	ove-named com	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its nintment as rec	registered ( aistered	
office or reagent. I a	egistered agent, or both, in the State of medical from the obligation of the medical from the medical from the colligation of the colline of th	ions of, Section 607.0505, Floric	da Statu	ites.	to a popular of directors. I have y		,	
SIGNATURE								
	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Agent signature require		ND DIDECTO	DC IN 12	á
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	14.//
TITLE	P PARTIELEM TOUR	C pereic	1.1 111	. ]				-
NAME	BARTHELEMY, JOHN		1.2 NA					5
STREET ADDRESS	2020 N.W. 33RD STREET		· ·	REET ADDRESS				2
CITY-ST-ZIP	FORT LAUDERDALE FL 33309		2.1 TIT	Y-ST-ZIP				"
TITLE						Change	I I Addition i	
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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: