

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

FILED  
Jul 19, 1999 8:00 am  
Secretary of State

07-19-1999 90001 021 \*\*\*150.00

DOCUMENT # P97000105860

1. Corporation Name

DIWATCH MANAGEMENT INC.

Principal Place of Business

7000 WEST PALMETTO PARK ROAD SUITE 400  
BOCA RATON FL 33433

Mailing Address

7000 WEST PALMETTO PARK ROAD SUITE 400  
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1997

4. FEI Number

44-4444444

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 928 S. FEDERAL HWY  
Suite, Apt. #, etc.

26 928 S. FEDERAL HWY  
Suite, Apt. #, etc.

23 City & State

LAKE WORTH, FL

28 City & State

LAKE WORTH, FL

24 Zip Country

33460

25 Country

PALM BEACH

30 Zip

33460

31 Country

PALM BEACH

9. Name and Address of Current Registered Agent

GARELLEK, STEVEN

7000 WEST PALMETTO PARK ROAD SUITE 400  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

PARMA N. VASHIST

82 Street Address (P.O. Box Number is Not Acceptable)

928 S. FEDERAL HIGHWAY

83

84 City

LAKE WORTH

FL

85 Zip Code

33460

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

*Parma N. Vashist*

PARMA N. VASHIST

2-2-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME VASHIST, PARMA N  
STREET ADDRESS 928 S FEDERAL HIGHWAY  
CITY-ST-ZIP LAKEWORTH FL 33460

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*Parma N. Vashist*

2-2-99

561-586-6771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)