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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800050117

1. Corporation Name

May 05, 1999 8:00 am Secretary of State

05-05-1999 90118 019 ***150.00

WATCON	1, 114C .										
Principal Place	e of Business	Mailing Address					I LEMISTERN IND COLOTY INTIN DANCE OF	isii Adini Adini B	TING BUILD ISON		
Principal Place of Business 5039 TIMUOUANA ROAD NO. 25 JACKSONVILLE FL 32210		5039 TIMUQUANA ROAD NO. 25 JACKSONVILLE FL 32210									
						Ļ	DO NOT WR		SPACE		١
}							 Date Incorporated or Qualified 06/04/1998 	 			
2. Principal Pl	lace of Business	2a. Mailing Address					4. FEI Number		A	oplied For	ļ
21 485	50 COLLINS RO	26 4850 COLLINS RO				59-351485	<u>3</u>		ot Applicable		
Suite, Apt.		Suite, Apt. #, etc					5. Certifcate of Status Desired			Additional equired	
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be	
23 ORAN	UGE PARK, FLORIDA COUNTRY	28 DRANGE		b F. Sountry	LORIC	DA	Trust Fund Contribution 8. This corporation owes the cur	ront year Into	Added	to Fees	
24 320		29 32073			15		Personal Property Tax.	Terit year inte	Yes	XÍNo	i
24 570	9. Name and Address of Current		- 30				10. Name and Address of New	Registered A		 ::-	1
	9. Name and Address of Correin	registeres Agent		81	Name		70.				
WATS	SON, CHRISTOPHER O										
5039	TIMUQUANA ROAD NO. 25		82	Street A	Address (P.O. Box Number is Not Acceptable)						
JACK	KSONVILLE FL 32210			83]						
<u> </u>				84	City			FL	85 Zip	Code	
44 5	to the provisions of Sections 607.0502	and 607 1509 Florida	Statutae th	o above	a-named c	corpora	ation submits this statement for the		changing its	registered	ł
i 11 Pursuant	to the provisions of Sections 907.0002	and our. 1906, Florida	otatutes, ut	e avuve	s-ilalinea c	OIPOIC	ation sublints this statement for the	ot the appoir	ntment as re	edistered	,
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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:

904-215-4959