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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

## DOCUMENT # **\$74550**

WATCH ISLAND, INC.

## **FILED** Jan 14 1997 8:00am Secretary of State



| Principali made                           | : Of Diffsate22  | rading Address                                 |         |                           |  |   |   |       |                                       |
|---|--|--|---------|---------------------------|--|---|---|-------|---------------------------------------|
| 21 1/2 NE 1ST AVENUE #9<br>MIAMI FL 33131 |  | 21 1/2 ME 1ST AVENUE #9<br>MIAMI FL 33132-2424 |         |                           |  |   |   |       |                                       |
|   |  |  |         |                           | 3. Date Incorporated or Qualified 08/20/1991 |   | Date of Last Report<br>15/01/1996             |       |                                       |
| 2. Principal Pl                           | ace of Basinesis                                       | 2a. Mailing Ad                                 | ddress  |                           |  | 4. FEI Number                                       | <u> 1 ———————————————————————————————————</u> |       | Applied For                           |
| 21  |  | 26   |         |                           |  | 65-0279937  |   |       | Not Applicable                        |
| Suite Apt                                 | # etc  | Suite, Apt                                     | #, etc. |                           |  | 5. Certificate of Status Desired                    |   |       | 5 Additional<br>Required              |
| City & State                              | ;  | City & Sta                                     | to      |                           |  | 6. Election Campaign Financing                      |   | \$5.0 | 00 May Be                             |
| 3   |  | 28   |         |                           | ···.   | Trust Fund Contribution                             |   |       | ed to Fees                            |
| Zip                                       | Country  | Zip  | ).      | Country                   |  | 8. This corporation has liability for i             |   |       | er s. 199.032,                        |
| 24  | 25   | 29   |         | 30                        |  |   | Yes V   |       |                                       |
|   | g. Name and Address of Current                         | Registered Ager                                | nt      | 81                        |  | 10. Name and Address of New Re                      | gistered A                                    | gent  |                                       |
|   | BIN, EVAN R. ESQUIRE                                   |  |         | 81                        | Name   |   |   |       |                                       |
| 48 EAST FLAGLER STREET<br>SUITE 374       |  |  |         | 82                        | Street Add                                   | dress (P.O. Box Number is Not Acceptable)           |   |       |                                       |
| MIAN                                      | AI FL 33131  |  |         | 83                        |  |   |   |       |                                       |
|   |  |  |         | 84                        | City   |   |   | 85 2  | ip Code                               |
|   |  |  |         | "                         | , <del>y</del>                               |   | FL  | "  '  | p 3000                                |
| 12.                                       | Sgride (gloscoperation) (the recolling<br>OFFICERS AND | DIRECTORS                                      |         | 13.                       | nt signature requ                            | ored when recretating)  ADDITIONS/CHANGES TO OFFICE |   |       |                                       |
| TIT;F                                     | d<br>Ayub, Mohammed                                    |  | DELETE  | 1 1 7FFLE                 |  |   | l   | Chan  | ge 🔲 Additror                         |
| NAME                                      | 2008 JACKSON STREET C-1                                |  |         | 1.2 NAME                  |  |   |   |       |                                       |
| STREET ADDRESS                            | HOLLYWOOD FL   |  |         | 1.3 STREET                |  |   |   |       |                                       |
| COTV-ST ZP                                | D  |  | DELETE  | 1.4 CITY - S<br>2.1 TITLE | 1 · ZIP                                      |   |   | Chan  | ge Addition                           |
| NAME                                      | MAHAMMED, NOOR   |  |         | 2.2 NAME                  |  |   | •   |       |                                       |
| STREET ADORESS                            | 2008 JACKSON STREET C-1                                |  |         | 2.3 STREET                | ADDRESS                                      | •   |   |       |                                       |
| City-St-ZiP                               | HOLLYWOOD FL   |  |         | 2. 4 CITY-                | 1  |   |   |       |                                       |
| TITLE                                     |  |  | DELETE  | 3.1 TITLE                 | ·  |   | ا   | Chan  | ge Addition                           |
| NAME                                      |  |  |         | 3.2 NAME                  |  |   |   |       |                                       |
| STREET ADDRESS                            |  |  |         | 3 3 STREET                | ADORESS                                      |   |   |       |                                       |
| C(TY - S1 - ZIP                           |  |  |         | 34 CITY-                  | ST-ZIP                                       |   |   |       | · · · · · · · · · · · · · · · · · · · |
| TITLE                                     |  |  | DELETE  | 4 1 TITLE                 |  |   |   | Chan  | ge Addition                           |
| NAME                                      |  |  |         | 4 2 NAME                  |  |   |   |       |                                       |
| STREET ADDRESS                            |  |  |         | 4 3 \$1REE1               | ADDRESS                                      |   |   |       |                                       |
| CITY -St - Z P                            |  |  |         | 4.4 CITY - S              | T- 21P                                       |   |   |       |                                       |
| FITE F                                    |  |  | DELETE  | 5.1 TITLE                 |  |   |   | Chan  | ge Addition                           |
| NAME                                      |  |  |         | 5.2 NAME                  |  |   |   |       |                                       |
| STREET ADDRESS                            |  |  |         | 5 3 STREET                | ADDRESS                                      |   |   |       |                                       |
| CHY-St ZIP                                |  |  |         | 5.4 CITY - S              | I - ZIP                                      |   |   |       |                                       |
| TITLE                                     |  |  | DELETE  | 6.1 TITLE                 |  |   |   | Chan  | ge 🔲 Additío                          |
| NAME                                      |  |  |         | 6.2 NAME                  |  |   |   |       |                                       |
| STREET ADDRESS                            |  |  |         | 6.3 STREET                | ADDRESS                                      |   |   |       |                                       |
| C-TY - \$1 - 2#P                          |  |  |         | 6.4 CITY-5                | T-21P  |   |   |       |                                       |

14. I do hereby certify that the information shape ed with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicanction 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 Brook 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: