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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S82679 (9)

1. Corporation Name
WATES, INC.

Principal Place of Business

4451 NW 36TH STREET
SUITE 112
MIAMI SPRING FL 33166
US

Mailing Address

4451 N.W. 36TH STREET
112
MIAMI SPRINGS FL 33166-7286
US

3. Date Incorporated or Qualified
09/23/1991

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 8356-B NW SOUTH RIVER DRIVE
Suite, Apt. #, etc

2a. Mailing Address

26 8356-B NW SOUTH RIVER DRIVE
Suite, Apt. #, etc

22 City & State

23 MEDLEY, FL

24 33166 Country
25 USA

27 City & State

28 MEDLEY, FL

29 33166 Country
30 USA

4. FEI Number
65-0202838

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALEXANDER, WALTER A.
3085 N.W. 123RD TERRACE
SUNRISE FL 33323

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature of person or persons of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALEXANDER, WALTER A.
STREET ADDRESS 3085 N.W. 123RD TERRACE
CITY-ST-ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Alexander, Walter A.
1.3 STREET ADDRESS 3085 N.W. 123rd Terrace
1.4 CITY-ST-ZIP Sunrise, FL 33323

2.1 TITLE V
2.2 NAME Alexander, Darlene B.
2.3 STREET ADDRESS 3085 N.W. 123rd Terrace
2.4 CITY-ST-ZIP Sunrise, FL 33323

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Walter A. Alexander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15, 1997 (305) 888-0687

Date Daytime Phone #

CR2E034 (9/96)