FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S89428** **(4)**

1. Corporation Name

WATSON-BRANDON, INC.

Principal Place of Business

% PAUL THIBADEAU
249 ROYAL PALM WAY 4TH FLOOR
PALM BEACH FL 33480

Mailing Address

% PAUL THIBADEAU
249 ROYAL PALM WAY 4TH FLOOR
PALM BEACH FL 33480

2. Principal Place of Business

21 300 Russlyn Dr.
Suite, Apt. #, etc.
22
City, & State
23 West Palm Beach, FL
Zip 24 33405 County 25 Palm Beach

2a. Mailing Address

26 300 Russlyn Dr.
Suite, Apt. #, etc.
27
City, & State
28 West Palm Beach, FL
Zip 29 33405 County 30 Palm Beach

3. Date Incorporated or Qualified: **10/23/1991**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: **65-0293792** ☐ 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

THIBADEAU, PAUL
249 ROYAL PALM WAY
4TH FLOOR
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 324 Royal Palm Way, Suite 201
84 City **Palm Beach** **FL** 85 Zip Code **33480**

11. Pursuant to the provisions of Section 607.0502 and 607.1005, 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. The 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 _____ DATE 1/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	DPS ☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	WATSON, KARL H	2 NAME	
STREET ADDRESS	300 RUSSLYN DE	3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	WATSON, KARL H	22 NAME	
STREET ADDRESS	300 RUSSLYN DE	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
TITLE	☐ DELETE	81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	
STREET ADDRESS		83 STREET ADDRESS	
CITY-ST-ZIP		84 CITY-ST-ZIP	
TITLE	☐ DELETE	101 TITLE	☐ Change ☐ Addition
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY-ST-ZIP		104 CITY-ST-ZIP	

14. I do hereby certify that the information above supplied with this filing is voluntarily furnished and 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 attached amendment, if applicable.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (12/95)