

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **723426** (3)

1. Corporation Name
WATERWAY PLAZA, INC.



900001795619
-04/26/96--01020--003
***61.25

Principal Place of Business Mailing Address
~~SUMMIT PROP. MGMT.
P.O. BOX 189013
PLANTATION FL 33318
US~~ P.O. BOX 189013
PLANTATION FL 33318
US

3. Date Incorporated or Qualified **05/16/1972** 3a. Date of Last Report **08/14/1995**

2. Principal Place of Business 2a. Mailing Address
21 **WATERWAY PLAZA, INC.** 26 **7900 TATUM WATERWAY DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 _____ 27 _____
City & State City & State
23 **MIAMI BEACH, FL** 28 **MIAMI BEACH, FL**
Zip Country Zip Country
24 **33141** 25 **USA** 29 **33141** 30 **USA**

4. FEI Number **59-1502264** 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
~~SUMMIT PROPERTY MGMT.
6289 W. SUNRISE BLVD.
@202
PLANTATION FL 33313~~

10. Name and Address of New Registered Agent
81 Name **WATERWAY PLAZA, INC.**
82 Street Address (P.O. Box Number is Not Acceptable) **7900 TATUM WATERWAY DR**
83 _____
84 City **MIAMI BEACH** FL 85 Zip Code **33141**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Vince Scarano* **VINCE SCARANO TREASURER** **4-18-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	RUA, AXEL G.
STREET ADDRESS	7900 TATUM WATERWAY DR. 408
CITY-ST-ZIP	MIAMI BCH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	ZUNIGG, PIAZZA J
STREET ADDRESS	7900 TATUM WATERWAY 401
CITY-ST-ZIP	MIAMI BCH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	COLL, FELIPE
STREET ADDRESS	7900 TATUM WATERWAY DR #408
CITY-ST-ZIP	MIAMI BCH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	ZUNIGG, JUAN
STREET ADDRESS	7900 TATUM WATERWAY 409
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	COLL, FELIPE
STREET ADDRESS	7900 TATUM WATERWAY DR 214
CITY-ST-ZIP	MIAMI BCH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	SCHLISSEL, JERRY
STREET ADDRESS	7900 TATUM WATERWAY DR 306
CITY-ST-ZIP	MIAMI BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PIAZZA-ZUNIGA J
1.3 STREET ADDRESS	7900 TATUM WATERWAY DR 401
1.4 CITY-ST-ZIP	MIAMI BEACH FL
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TAYLOR, ROSEMARY
2.3 STREET ADDRESS	7900 TATUM WATERWAY DR 307
2.4 CITY-ST-ZIP	MIAMI BEACH FL
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCARANO, VINCE
3.3 STREET ADDRESS	7900 TATUM WATERWAY DR 514
3.4 CITY-ST-ZIP	MIAMI BEACH FL
4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GENTRY, CHARLOTTE
4.3 STREET ADDRESS	7900 TATUM WATERWAY DR 311
4.4 CITY-ST-ZIP	MIAMI BEACH, FL
5.1 TITLE	NONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUA, AXEL
5.3 STREET ADDRESS	7900 TATUM WATERWAY DR 408
5.4 CITY-ST-ZIP	MIAMI BEACH, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosmary Gentry* **4-18-96** **305-868-4798**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

4/15/96