


4-9-91 13-8317 C

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005135 (6)**  
 1. Corporation Name  
**WATERFORD REALTY HOLDING COMPANY, INC.**



Principal Place of Business <b>23 WALL ST NY NY 10015</b>	Mailing Address <b>23 WALL ST NY NY 10015</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/04/1996</b>		3a. Date of Last Report	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country	
4. FEI Number <b>APPLIED FOR 13-3901465</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEIST, DONALD K JR	
STREET ADDRESS	23 WALL ST	
CITY-ST-ZIP	NY NY 10015	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	BENDIT, KARYN K	
STREET ADDRESS	23 WALL ST	
CITY-ST-ZIP	NY NY 10015	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	HEISE, TIMOTHY J	
STREET ADDRESS	23 WALL ST	
CITY-ST-ZIP	NY NY 10015	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	OLSON, JAMES S	
STREET ADDRESS	23 WALL ST	
CITY-ST-ZIP	NY NY 10015	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	PFEIFFER, ANNE S	
STREET ADDRESS	23 WALL ST	
CITY-ST-ZIP	NY NY 10015	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ASHEIM, ERLING	
STREET ADDRESS	23 WALL ST	
CITY-ST-ZIP	NY NY 10015	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2. NAME	
1.3. STREET ADDRESS	
1.4. CITY-ST-ZIP	
2.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2. NAME	
2.3. STREET ADDRESS	
2.4. CITY-ST-ZIP	
3.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2. NAME	
3.3. STREET ADDRESS	
3.4. CITY-ST-ZIP	
4.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY-ST-ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY-ST-ZIP	
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 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 \_\_\_\_\_ SIGNATURE REQUIRED (TRUSTEE) \_\_\_\_\_ #130/97 (91224271258

CR2E034 (4/97)