FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F97000001661**1. Corporation Name

4937 WATERWAY, INC.

Principal Place of Business

Mailing Address

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90020 006 ***150.00



11766 WILSHIRE BLVD., STE. 1270 LOS ANGELES CA 90025 11766 WILSHIRE BLVD., STE. 1270 LOS ANGELES CA 90025				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 04/01/1997		
Principal Place of Business 2a. Mailing Address				7 (4. FEI Number		Applied For
27 117106 Wilshire Blvd 26 11766 Wilshi				Blvd	APPLIED FOR		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 Suite, Apt. #, etc.				\$8.75 Add		5 Additional Required	
City & State City & State 23 LOS ANGELS CA 28 LOS ANGELS				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			-
Zip Country Zip Country 24 90005 25 USA 29 90005 30 U				SA	8. This corporation owes the current year In Personal Property Tax.	Yes	 No No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
NATIONSCORP REGISTERED AGENTS, INC. 526 E. PARK AVE.				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 83			
TALLAHASSEE FL 32301							
			84	1	FL	- 1	ip 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, typed or printed name of registered agent a	ad title if applicable (NOTE: Re	nistered Ane	nt signature required	t when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
TITLE			1.1 TITLE			Char	ige Addition
NAME	LIPPMAN, JAMES M		1.2 NAME				ļ
STREET ADDRESS	44700 MW OUNDE DIVID OTE 4070			T ADDRESS			1
CITY-ST-ZIP				ST-ZIP			
TITLE			2.1 TITLE			Char	ge
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TITLE			3.1 TITLE			☐ Char	ige
NAME	HOLMES, KEITH T	•	3.2 NAME				ļ
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NAME			5.2 NAME	ł			
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NAME			6.2 NAME				Ì
STREET ADDRESS			6.3 STREE	T ADDRESS			(
CITY-ST-ZIP			6.4 CITY-	ST-ZIP			

14. I 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 or an attachment with a property of 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 or an attachment with a property of the corporation of 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 or an attachment with a property of the corporation of the receiver of the receive

SIGNATURE: