

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000003311 (4)

1. Corporation Name
~~WATER PLACE AT WOODMONT, INC.~~

WATER PLACE AT WOODMONT, INC.



Principal Place of Business
**1130 HAMPTON WAY, NE
 ATLANTA GA 30324**

Mailing Address
**1130 HAMPTON WAY, NE
 ATLANTA GA 30324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1997	
21. Suite, Apt #, etc	22. City & State	26. Suite, Apt #, etc	27. City & State	4. FEI Number 58-1987330	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				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	

**JAHANGARD, HAMID
 7890 NW 78TH AVE.
 TAMARAC FL 33320**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

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) _____ (Name) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAHANGARD, HAMID	1.2 NAME	
STREET ADDRESS	1130 HAMPTON WAY, NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETABCHI, MASOUD	2.2 NAME	
STREET ADDRESS	1130 HAMPTON WAY, NE	2.3 STREET ADDRESS	7890 NW 78th Ave
CITY-ST-ZIP	ATLANTA GA 30324	2.4 CITY-ST-ZIP	Tamarac, FL 33320
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATON, MICKI	3.2 NAME	
STREET ADDRESS	1130 HAMPTON WAY, NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30324	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VIDA KETABCHI
STREET ADDRESS		4.3 STREET ADDRESS	7790 NW 78th Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tamarac, FL 33321
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200002546722
STREET ADDRESS		5.3 STREET ADDRESS	-06/04/98--01002--001
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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 on an attachment with an address:

Hamid Jahangard
Hamid Jahangard
CP

CR2E034 (10/97)