

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 # **G63403** (1)

1. Corporation Name

WATERFRONT RESTAURANT, INC.



Principal Place of Business Mailing Address
1200 FIFTH AVENUE SOUTH NAPLES FL 33940 **1200 FIFTH AVENUE SOUTH NAPLES FL 33940**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	10/03/1983	04/28/1995
22	City & State	27	City & State	4. FEI Number	Applied For Not Applicable
23	Zip	28	Country	59-2324722	
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
				6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
WILSON, GEORGE, ESQ. CUMMINGS & LOCKWOOD 3001 TAMiami TRAIL NORTH NAPLES FL 33940		81	Name		
		82	Street Address (P.O. Box Number is Not Acceptable)		
		83	1200 Fifth Avenue South		
		84	City	Naples	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: *Robert Merriman* DATE: **3/29/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MERRIMAN, ROBERT	1.2 NAME	
STREET ADDRESS	1200 FIFTH AVENUE SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	YSD	2.1 TITLE	
NAME	MERRIMAN, ROBERT	2.2 NAME	
STREET ADDRESS	1200 FIFTH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

300001881053
-07/02/96--01013--051
***225.00

14. I do hereby certify that the information submitted 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 statement 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 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 checked, as an attachment with an address.

SIGNATURE: *Robert Merriman* DATE: **3/29/96** 941-261-1011

CR2E034 (12/95)