

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

FILED

**May 20 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 # **L38748** (4)
1. Corporation Name
WATERFORD REALTY OF VENICE, INC.



Principal Place of Business: 1501 WATERFORD DRIVE VENICE FL 34292
Mailing Address: 1501 WATERFORD DRIVE VENICE FL 34292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1989	
21	395 Commercial Court	26	395 Commercial Court	4. FEI Number 65-0167759	Applied For Not Applicable
22	Suite A	27	Suite A	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Venice FL	28	Venice FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	34292 USA	29	34292 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<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			
MILLER, MICHAEL W. 1501 WATERFORD DRIVE VENICE FL FL 34292				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	Suite A		
				84	City	Venice	85

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]* DATE: _____
Signature typed or printed name of registered agent and title, if applicable: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRISH, JAYNE	1.2 NAME	
STREET ADDRESS	1501 WATERFORD DRIVE	1.3 STREET ADDRESS	395 Commercial Court, Suite A
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL W.	2.2 NAME	
STREET ADDRESS	1501 WATERFORD DR	2.3 STREET ADDRESS	395 Commercial Court, Suite A
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, FL 34292
TITLE		3.1 TITLE	Vice President/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Timothy D. Miller
STREET ADDRESS		3.3 STREET ADDRESS	395 Commercial Court, Suite A
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Venice, FL 34292
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE: *[Signature]*

CR2E034 (10/97)