


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004714 (2)
1. Corporation Name
WATERFORD VI, INC.



Principal Place of Business 13500 WORTHINGTON WAY BONITA SPRINGS FL 33923 US	Mailing Address 13500 WORTHINGTON WAY BONITA SPRINGS FL 34135-0476 US
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3. Date Incorporated or Qualified 10/19/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0450502	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip 34135 Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip 34135	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent
**KRAUS, CHERYL R
1100 FIFTH AVENUE SOUTH, #201
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code FL 34102
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HAMMOND, RUSSELL	
STREET ADDRESS	13500 WORTHINGTON WAY	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	TRIMARCHI, JOSEPH	
STREET ADDRESS	13500 WORTHINGTON WAY	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	
TITLE	DVT	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, CHARLES	
STREET ADDRESS	13500 WORTHINGTON WAY	
CITY - ST - ZIP	BONITA SPRINGS FL 33923	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAMMOND, RUSSELL	
1.3 STREET ADDRESS	13500 WORTHINGTON WAY	
1.4 CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
2.1 TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TRIMARCHI, JOSEPH	
2.3 STREET ADDRESS	13500 WORTHINGTON WAY	
2.4 CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
3.1 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HIGGINS, CHARLES	
3.3 STREET ADDRESS	13500 WORTHINGTON WAY	
3.4 CITY - ST - ZIP	BONITA SPRINGS, FL 34135	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Russell Hammond* **RUSSELL HAMMOND** 941/995-0244
Date: **04-17-97** Daytime Phone # **0060410**

CR2E037 (9/96)