

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 # **P93000007815 (2)**

1. Corporation Name
WATERFORD NORTH, INC.



Principal Place of Business
**1501 WATERFORD DR
VENICE FL 34292**

Mailing Address
**1501 WATERFORD DR
VENICE FL 34292**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/25/1993	05/01/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied for
23 City & State	28 City & State	65-0386756	Not Applicable
24 Zip	29 Zip	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		10. Name and Address of New Registered Agent	
MCINTYRE, SHAWN R 1501 WATERFORD DR VENICE FL 34292		MICHAEL W. MILLER 1501 WATERFORD DR VENICE FL 34292	

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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* Date: **5-8-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	MILLER, MICHAEL W		
1501 WATERFORD DR			
VENICE FL 34292			
VSD	MCINTYRE, SHAWN R	VSD	PARRISH, JAYNE E.
1501 WATERFORD DR		1501 WATERFORD DR	
VENICE FL 34292		VENICE FL 34292	
		500001831495	
		05/21/96 01037 022	
		***200.00	

14. I do hereby certify that the information supplied 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 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]* Date: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL W. MILLER

CR2E034 (12/95)