

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

FILED
May 18 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 # 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**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
01/25/1993

2. Principal Place of Business
21 395 Commercial Court
 Suite, Apt. #, etc.
22 Suite A
 City & State
23 Venice, FL
 Zip Country
24 34292 25 USA

2a. Mailing Address
26 395 Commercial Court
 Suite, Apt. #, etc.
27 Suite A
 City & State
28 Venice, FL
 Zip Country
29 34292 30 USA

4. FEI Number
65-0386756
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MILLERRE, MICHAEL A
1501 WATERFORD DR
VENICE FL 34292

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
395 Commercial Court
83 Suite A
84 City Venice **85 Zip Code** 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-29-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, MICHAEL W	
STREET ADDRESS	1501 WATERFORD DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PARRISH, JAYNE E	
STREET ADDRESS	1501 WATERFORD DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	395 Commercial Court Suite A
1.4 CITY-ST-ZIP	Venice, FL 34292
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	395 Commercial Court Suite A
2.4 CITY-ST-ZIP	Venice, FL 34292
3.1 TITLE	Vice President/ Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Timothy D. Miller
3.3 STREET ADDRESS	395 Commercial Court, Suite A
3.4 CITY-ST-ZIP	Venice, FL 34292
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 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]* DATE: **4 29 98** FILE NO: **941-45K-E 21-3**

CR2E034 (10/97)