


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

FILED
Feb 09 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 # P94000079406 (2)
 1. Corporation Name
WATERFORD PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 1313 DIVOT LANE TAMPA FL 33612 | Mailing Address 1313 DIVOT LANE TAMPA FL 33612 |
|--|--|

3. Date Incorporated or Qualified
10/27/1994

| | |
|--|---|
| 2. Principal Place of Business 21 3108 Prospect Rd | 2a. Mailing Address 26 3108 Prospect Rd |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State Tampa, Flc | 28 City & State Tampa, Flc |
| 24 Zip 33629 | 25 Country |
| 29 Zip 33629 | 30 Country |

4. FEI Number
65-0540214

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
**WILLIAMS, JAMES B
 1313 DIVOT LANE
 TAMPA FL 33612**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name Gregory L. Williams |
| 82 Street Address (P.O. Box Number is Not Acceptable) 3108 Prospect Rd |
| 83 |
| 84 City Tampa |
| 85 State FL |
| 86 Zip Code 33629 |

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 Gregory L. Williams [Signature] **2/2/98**
Signature, typed or printed name of registered agent and title if applicable. (None. Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE PD | <input checked="" type="checkbox"/> DELETE |
| NAME WILLIAMS, JAMES B | |
| STREET ADDRESS 1313 DIVOT LANE | |
| CITY-ST-ZIP TAMPA FL | |
| TITLE VPS | <input type="checkbox"/> DELETE |
| NAME WILLIAMS, GREGORY L | |
| STREET ADDRESS 3108 PROSPECT RD | |
| CITY-ST-ZIP TAMPA FL | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME Gregory L. Williams | |
| 2.3 STREET ADDRESS 3108 Prospect Rd | |
| 2.4 CITY-ST-ZIP Tampa, Flc 33629 | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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] **2/2/98** **813-254-6353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0375612

CR2E034 (10/97)