


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
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DOCUMENT # S38940 (0)

1. Corporation Name
WATERFORD SOUTH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1501 WATERFORD DRIVE VENICE FL 34292	Mailing Address 1501 WATERFORD DRIVE VENICE FL 34292
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3. Date Incorporated or Qualified 03/19/1991	
4. FEI Number 65-0250491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. 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	

2. Principal Place of Business 21 395 Commercial Court Suite, Apt. #, etc. 22 Suite A City & State 23 Venice, FL Zip 24 34292	2a. Mailing Address 25 395 Commercial Court Suite, Apt. #, etc. 27 Suite A City & State 28 Venice, FL Zip 29 34292	Country 25 USA	Country 30
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9. Name and Address of Current Registered Agent

**MILLER, MICHAEL W.
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, FL	85 Zip Code 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 DP	<input type="checkbox"/> DELETE
NAME MILLER, MICHAEL	
STREET ADDRESS 1501 WATERFORD DR	
CITY-ST-ZIP VENICE FL	
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** CHG. DES. E-762

CR2E034 (10/97)