


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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 138194 (6)			
1. Corporation Name WATERMAN INVESTMENTS INC			
Principal Place of Business 2970 ST JOHNS AVE APT 1F (32205) P O BOX 67 - ORTEGA STATION JACKSONVILLE FL 32205		Mailing Address 2970 ST JOHNS AVE APT 1F (32205) P O BOX 67 - ORTEGA STATION JACKSONVILLE FL 32205	
2. Principal Place of Business 23. Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address 26. Suite, Apt. #, etc. City & State Zip Country	
24.		25.	
29.		30.	
9. Name and Address of Current Registered Agent WATERMAN, MARIAN A 2970 ST. JOHNS AVE., 1-F BOX 67, ORTEGA STATION JACKSONVILLE FL		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code	
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WATERMAN, MARIAN A	1.2 NAME	
STREET ADDRESS	2970 ST JOHNS AVE #1F	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	WATERMAN, MARION A	2.2 NAME	
STREET ADDRESS	2970 ST JOHNS AVE #9B	2.3 STREET ADDRESS	
CITY - ST - ZIP	JAX, FL 00000	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Marian A. Waterman</u>		Date: 4/7/97 (904) 389-5446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



CR2E034 (9/96)