FILE NOW: FILING FEE AFTER MAY 1 IS $22[illegible]00

CORPORATION ANNUAL REPORT

~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

WATERWAY RESTAURANTS INC

DOCUMENT #
326347 (2)

DO NOT WRITE IN THIS SPACE

Mailing Address

3000 E OAKLAND PARK BLVD
FT LAUDERDALE FLA 33306

Principal Place of Business

3000 E OAKLAND PARK BLVD
FT LAUDERDALE FLA 33306

If above address(es) are not correct, please make changes through required information and write correction below.

3. Date Incorporated or Qualified: 02/05/1968

3a. Date of Last Report: 04/06/1993

2. Mailing Address (21)

2a. Principal Place of Business (26)

4. FEI Number: 59-1222862 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: $8.75 Additional Fee Required ☐

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

City & State (23)

City & State (28)

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PICOT, LEONCE
3000 E. OAKLAND PK. BLVD.
FT. LAUDERDALE FL 33306

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 607.0505 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: Leonce Picot DATE

(Registered Agent's Signature required when designating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P/D	11 TITLE	
12 NAME	PICOT, LEONCE	12 NAME	
13 STREET ADDRESS	5000 N OCEAN BLVD	13 STREET ADDRESS	
14 CITY ST ZIP	FT LAUDERDALE, FL 00000	14 CITY ST ZIP	
21 TITLE	V/D	21 TITLE	DAVID Edgerton
22 NAME	KOCAB, ALBERT J	22 NAME	360 Golf Brook Drive #210
23 STREET ADDRESS	336 N BIRCH RD, PH-A	23 STREET ADDRESS	Longwood, FL. 32779
24 CITY ST ZIP	FT LAUDERDALE, FL 00000	24 CITY ST ZIP	
31 TITLE	D	31 TITLE	
32 NAME	FISHER, RANDY	32 NAME	
33 STREET ADDRESS	1028 N.E. 45TH ST.	33 STREET ADDRESS	
34 CITY ST ZIP	FT. LAUDERDALE FL	34 CITY ST ZIP	
41 TITLE	S/D/T	41 TITLE	
42 NAME	PAYNE, JOHN (ASST)	42 NAME	000001484450
43 STREET ADDRESS	1028 N.E. 45TH ST.	43 STREET ADDRESS	-05/11/95--01085--012
44 CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP	****200.00 ****200.00
51 TITLE	D	51 TITLE	
52 NAME	BORCHERS, WILLIAM	52 NAME	
53 STREET ADDRESS	3411 OFFICE PARK DR	53 STREET ADDRESS	
54 CITY ST ZIP	DAYTON OH	54 CITY ST ZIP	
61 TITLE	D	61 TITLE	
62 NAME	SPINK EDWARD	62 NAME	
63 STREET ADDRESS	NORTH ATLANTIC BLVD	63 STREET ADDRESS	
64 CITY ST ZIP	HIGHLAND FL	64 CITY ST ZIP	

14. I declare, I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Department of Legislative Affairs any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have added no additions, deletions or changes not authorized by Chapter 607, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Leonce Picot 8/1/94 305-523-4120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

8/1/0