

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90210 038 \*\*\*\*61.25

0003144

**DOCUMENT # 726946**

1. Corporation Name

**WATERWAY WEST, INC.**

Principal Place of Business

315 N. CAUSEWAY  
NEW SMYRNA BEACH FL 32169

Mailing Address

315 N. CAUSEWAY  
NEW SMYRNA BEACH FL 32169



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/13/1973

4. FEI Number

59-1578126

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

9. Name and Address of Current Registered Agent

**DORNEST BUZZY**  
315 N. CAUSEWAY A-202  
NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent

81 Name **George Wallace, Pres.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**315 N. CAUSEWAY - E-101**  
83 **New Smyrna Beach, FL**  
84 City **FL** 85 Zip Code **32169**

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE

*George Wallace, Pres.*

DATE

**1/17/99**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM SELAND	
STREET ADDRESS	315 N CAUSEWAY C-401	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	KELLY, MERTON	
STREET ADDRESS	315 N CAUSEWAY, D204	
CITY-ST-ZIP	MEW SMYRNA BEACH FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	WANNER, PAT	
STREET ADDRESS	315 N CAUSEWAY, D-403	
CITY-ST-ZIP	NEW SMYRNA BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SAVAGE, ESTHER	
STREET ADDRESS	315 N. CAUSEWAY #C-302	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	BABCOCK, PATRICIA	
STREET ADDRESS	315 N. CAUSEWAY #C-201	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, GEORGE, L	
STREET ADDRESS	315 N CAUSEWAY - E-101	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>MITCHELL JANTOURA, VP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>315 N. CAUSEWAY - B-304</b>	
1.3 STREET ADDRESS	<b>New Smyrna Beach, FL 32169</b>	
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>DEAMIE OLSON, TREAS.</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>315 N. CAUSEWAY - C-304</b>	
3.3 STREET ADDRESS	<b>New Smyrna Beach, FL 32169</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>MARY E. KAVUTIC</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>315 N. CAUSEWAY - A-301 (Secy)</b>	
4.3 STREET ADDRESS	<b>N. S. Beach, FL 32169</b>	
4.4 CITY-ST-ZIP		
5.1 TITLE	<b>William Widgren</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>315 N. CAUSEWAY, D-303 (V.P.)</b>	
5.3 STREET ADDRESS	<b>New Smyrna Beach, FL 32169</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>See Above</b>	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

*Mary E. Kavutic - 1-16-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)