FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003383 (5)**

1. Corporation Name

WATERWAYS APARTMENTS INC.

Principal Place of Business	Mailing Address
C/O PATRICK MARETTE CLEARY. GOTTLIEB. STEE 1 LIBERTY PLAZA NEW YORK NY 10006	C/O PATRICK MARETTE CLEARY. GOTTLIEB. STEE 1 LIBERTY PLAZA NEW YORK NY 10006

3. Date Incorporated or Qualified: **07/14/1995**
3a. Date of Last Report:
4. FEI Number: **13-3840786** ☐ 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
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE _____
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RAVINDRAN, V. A.		1.2 NAME	
STREET ADDRESS	660 MADISON AVE., STE 18B		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		1.4 CITY-ST-ZIP	
TITLE	DVT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, JOHN		2.2 NAME	
STREET ADDRESS	660 MADISON AVE., STE 18B		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		2.4 CITY-ST-ZIP	
TITLE	DVS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZIVKOVIC, CHRISTINE		3.2 NAME	
STREET ADDRESS	660 MADISON AVE., STE 18B		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		3.4 CITY-ST-ZIP	000001746000 03/18/96--01040--011 ***200.00
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	O'GRADY, JOHN		4.2 NAME	
STREET ADDRESS	660 MADISON AVE., STE 18B		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		4.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ANTONELLI, DAVID		5.2 NAME	
STREET ADDRESS	660 MADISON AVE., STE 18B		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ECKHARDT, ANNE		6.2 NAME	
STREET ADDRESS	660 MADISON AVE., STE 18B		6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X _____ 02/06/96 212-909-9913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
C. L. Zivkovic

CR2E034 (12/95)

PS 3/18/96