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 # F95000003384 (3)

1. Corporation Name
FLORIDA WATERWAYS INC.

Principal Place of Business
% PATRICK MARETTE CLEARY. GOTTLIEB. STEEN
ONE LIBERTY PLAZA
NEW YORK NY 10006

Mailing Address
% PATRICK MARETTE CLEARY. GOTTLIEB. STEEN
ONE LIBERTY PLAZA
NEW YORK NY 10006

3. Date Incorporated or Qualified: 07/14/1995
3a. Date of Last Report:
4. FEI Number: 13-3840784 ☐ 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

Field	Value	Delete
TITLE	DP	☐ DELETE
NAME	RAVINDRAN, V.A.	
STREET ADDRESS	660 MADISON AVE.; STE. 18B	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	DTV	☐ DELETE
NAME	LYNCH, JOHN	
STREET ADDRESS	660 MADISON AVE.; STE. 18B	
CITY-ST-ZIP	NEW YROK NY 10021	
TITLE	DSV	☐ DELETE
NAME	ZIVKOVICK, CHRISTINE J	
STREET ADDRESS	660 MADISON AVE.; STE. 18B	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	V	☐ DELETE
NAME	O'GRADY, JOHN	
STREET ADDRESS	660 MADISON AVE.; STE. 18B	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	V	☒ DELETE
NAME	ANTONELLI, DAVID	
STREET ADDRESS	660 MADISON AVE.; STE. 18B	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	AS	☐ DELETE
NAME	ECKHARDT, ANNE	
STREET ADDRESS	660 MADISON AVE.; STE. 18B	
CITY-ST-ZIP	NEW YORK NY 10021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	Change	Addition
1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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3/18/96

PS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. J. Zivkovic

Date: 02/06/96
Daytime Phone #: 212-909-9913