

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. 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 10006-1404

3. Date Incorporated or Qualified
07/14/1995

3a. Date of Last Report
03/18/1996

2. Principal Place of Business
21 c/o Paracor Finance Inc
Suite, Apt. #, etc.
22 660 Madison Ave
City & State
23 New York NY
Zip
24 10021

2a. Mailing Address
26 c/o Paracor Finance Inc
Suite, Apt. #, etc.
27 660 Madison Ave
City & State
28 New York NY
Zip
29 10021

Country
25 USA
30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	DTV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN	2.2 NAME	
STREET ADDRESS	660 MADISON AVE.; STE. 18B	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YROK NY 10021	2.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIVKOVICK, CHRISTINE J	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	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECKHARDT, ANNE	5.2 NAME	Secretary
STREET ADDRESS	660 MADISON AVE.; STE. 18B	5.3 STREET ADDRESS	Same
CITY-ST-ZIP	NEW YORK NY 10021	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Anne Eckhardt 1/23/97 212 909 9905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)