

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 28 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # H59927 (4)**

1. Corporation Name  
**WATERFORD REAL ESTATE SERVICES, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**1501 WATERFORD DR.  
VENICE FL 34292**

Mailing Address  
**1501 WATERFORD DR.  
VENICE FL 34292**

3. Date Incorporated or Qualified **06/03/1985** 3a. Date of Last Report **04/04/1994**

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

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

4. FEI Number **59-2536887** 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. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MILLER, MICHAEL W.  
1501 WATERFORD DR.  
VENICE FL 34292**

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 signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MILLER, MICHAEL W.
STREET ADDRESS	1501 WATERFORD DR.
CITY - ST - ZIP	VENICE FL
TITLE	VSD
NAME	MCINTYRE, SHAWN R
STREET ADDRESS	1501 WATERFORD DR
CITY - ST - ZIP	VENICE FL
TITLE	V
NAME	MOORE, BARNARD
STREET ADDRESS	1501 WATERFORD DR.
CITY - ST - ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 supplementary 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 in an attachment to this report.

SIGNATURE: Shawn R. McIntyre, V.P. 4/24/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Title #)  
**Shawn R. McIntyre, V.P.**