

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H59927** (4)

1. Corporation Name
WATERFORD REAL ESTATE SERVICES, INC.



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: **04/28/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2536867**
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: **MILLER, MICHAEL W. 1501 WATERFORD DR. VENICE FL 34292**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0507 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 and typed name of registered agent and date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MILLER, MICHAEL W. STREET ADDRESS: 1501 WATERFORD DR. CITY-ST-ZIP: VENICE FL 34292	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSD	NAME: MCINTYRE, SHAWN R STREET ADDRESS: 1501 WATERFORD DR CITY-ST-ZIP: VENICE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V	NAME: MOORE, BARNARD STREET ADDRESS: 1501 WATERFORD DR. CITY-ST-ZIP: VENICE FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten notes in Block 13: **500001808745 -05/06/96 -01028-021 ***200.00**
VSD PARRISH, JAYNE E 1501 WATERFORD DR VENICE FL 34292
95-1-96

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 unchanged, or as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MICHAEL W. MILLER**

CR2E034 (12/95)