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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

H59927

(4)

WATERFORD REAL ESTATE SERVICES, INC.



Principal Place	of Ausinass	Mailma Addrage							
Principal Place of Business Mailing Address 1501 WATERCORD DR									
1501 WATERFORD DR. 1501 WATERFORD DR. VENICE FL 34292 VENICE FL 34292									
					3. Date Incorporated or Qualified 3a. Date of Last 06/03/1985 04/28/18				
	ace of Business	2a, Mairing Address			4. FEI Number		\longrightarrow	Applied For	
21		26			59-2536867			Not Applicable	
Suite. Apt.		Suite, Apt. #. etc.			5. Certificate of Status Desired		• •	Additional Required	
City & State	<u> </u>	City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Ζιρ 24	Country 25	Ζ(ρ)	Country 30	i	8. This corporation has liability for i Florida Statutes	ntangible ta	ix under s	199.032,	
	9. Name and Address of Curre	on the state of th			10. Name and Address of New R	egistered .	Agent		
			81	Name					
	MICHAEL W.		82	Street Add	lress (P.O. Box Number is Not Acceptab	ie)			
	aterford dr. Fl 34292		83						
			84	City	***************************************		85 Zu	o Code	
				•,		FL	. 55 - "	0000	
12.	OFFICERS AND DIRECTORS			yetheri Apath siperare repressive the resentancy DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT					
TITLE NAME	PD MILLER, MICHAEL W.	☐ DELETE	1 1 1 1 1 1 1			L	Change	Addition	
STREET ADDRESS	1501 WATERFORD DR.		1.2 NAM:	1 ADDRESS					
CITY - ST - ZIP	VENICE FL 342	92	1.4 CiTY -						
TITLE	VSD	DETELE	2 1 T TLF				Change	Addition	
NAME	MCINTYRE, SHAWN R	/ \	2.2 NAME						
\$TREE LADDRESS	1501 WATERFORD DR			LADDRESS	50000190	מילים ו	d C		
CITY-S1-ZIP TITLE	VENICE FL	DELETE	2 4 CHY - 3 1 TILE	ST - 21f'	50000186 -05/06/96016	i28n∕	Alchanas	☐ Addition	
NAME	MOORE, BARNARD	X out it	3 2 NAME		***200.00		=1=2uar4c	☐ Monitor	
STREET ADDRESS	1501 WATERFORD DR.			TADORESS					
CITY-St-ZIP	VENICE FL		3.4 Cify -	ST-ZIP					
TIFLE		☐ DELETE	4 1 7 TLF	V	SD	[Change	Addition	
NAME			4.2 NAME		arrigh, Jayne E 501 waterford Dr.				
STREET ADDRESS				I ADDRESS	501 WATERFORD DR.				
CHY-SE-ZIP TITLE		DELETE	4.4 Cify - 5.1 T.TLE	SI-ZIP	enice fl 34292	- г	☐ Change	Addition	
NAME			5.2 NAME			_			
STREET ADDRESS				F ADDRESS					
CITY-ST-ZIP			5.4 City -	S1 ZIP				ي	
TIFLE		☐ DELETE	6 1 T TLE			Ì	Change	☐ Addintin	
NAME			6.2 NAME					Add Moji	
STREET ADDRESS				LADDRESS				2 P	
CITY - ST - ZIE	T .		6.4 CHY -	ST 719					

14. 1do 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 disciplination of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 inchanged, or cryat syllachment with an address.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da, me Phone #