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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIV. STATE CORPORATIONS

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # J70065 (4)
WAVERLY DEVELOPMENT/EAGLE CAY CORPORATION

Principal Place of Business
405 FIFTH AVE. S #6
NAPLES FL 33940

Mailing Address
405 FIFTH AVE. S #6
NAPLES FL 33940

PLEASE WRITE IN THIS SPACE

3. Date of Incorporation or Reincorporation 04/29/1987	3a. Date of Last Report 08/10/1994
4. FEI Number 59-2806373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 190.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ANTARAMIAN, JACK 405 FIFTH AVE. S. #6 NAPLES FL 33940		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 607.0507 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. Thereby, accept the appointment as registered agent I am authorized to, and accept the resignation of, Section 607.0508 Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE	PTD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTARAMIAN, JACK J.	1. NAME	
STREET ADDRESS	3725 FORT CHARLES DR.	1. STREET ADDRESS	
CITY, STATE, ZIP	NAPLES FL	1. CITY, STATE, ZIP	
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPPEN, ELIOT	2. NAME	
STREET ADDRESS	1087 BEACON STREET	2. STREET ADDRESS	
CITY, STATE, ZIP	NEWTON MA	2. CITY, STATE, ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASSIF, DAVID E.	3. NAME	
STREET ADDRESS	187 WORCESTER STREET	3. STREET ADDRESS	
CITY, STATE, ZIP	WELLESLEY MA	3. CITY, STATE, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, STATE, ZIP		4. CITY, STATE, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, STATE, ZIP		5. CITY, STATE, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, STATE, ZIP		6. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is correct, true and complete and that I am qualified to be the registered agent for the corporation stated to have been incorporated in Florida Statutes. I further certify that the information submitted on this filing is not a duplicate of information previously filed and is complete and that the signatures shall have the same legal effect as if made under oath. That person shall be the duly authorized representative of the corporation empowered to execute this report as required by Florida Statutes, and that my name appears in Block 1, on Block 13 of the report of incorporation submitted with an address.

SIGNATURE: *[Signature]* **4/27/95** **617-964-9800**
WITNESSED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR