

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J70065 (4)
 1. Corporation Name
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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **365 5th AVE SO**
 Suite, Apt. #, etc. **201**
 City & State **NAPLES, FL**
 Zip **34102** Country **USA**

2a. Mailing Address
 26 **365 5th AVE SO**
 Suite, Apt. #, etc. **201**
 City & State **NAPLES, FL**
 Zip **34102** Country **USA**

3. Date Incorporated or Qualified: **04/29/1987**

4. FEI Number: **59-2806373**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
ANTARAMIAN, JACK
405 FIFTH AVE. S. #6
NAPLES FL 33940

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
365 5th AVE SO #201
 83
 84 City **NAPLES** FL 85 Zip Code **34102**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	ANTARAMIAN, JACK J.
STREET ADDRESS	3725 FORT CHARLES DR.
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LAPPEN, ELIOT
STREET ADDRESS	1087 BEACON STREET
CITY-ST-ZIP	NEWTON MA
TITLE	D <input type="checkbox"/> DELETE
NAME	NASSIF, DAVID E.
STREET ADDRESS	167 WORCESTER STREET
CITY-ST-ZIP	WELLESLEY MA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
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 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 appointment with the office.

SIGNATURE: *[Signature]* **4/22/98** **9105-034-0600**

CR2E034 (10/97)