FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name K24552 WATERFRONT DEVELOPMENT, INC. Principal Place of Business Mailing Address 500 E. BROWARD BLVD., 17 FLOOR 500 E. BROWARD BLVD., 17 FLOOR FT. LAUDERDALE FL 33394-3071 FT. LAUDERDALE FL 33394-3071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1988 2. Principal Place of Business 2a, Mailing Address 4. FEI Number 2600 N. MILITARY TRAIL 65-0056962 2600 N, HILITALY Suite, Apt. #, etc
4 4 FLOOR Suite, Apt. #, etc. Ø 5. Certificate of Status Desired City & State City & State 6. Election Campaign Financing BOCK RATON LATON 15064 Trust Fund Contribution 33431 Country Country 8. This corporation owes or has paid the current year Intangible USA 24 USA Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 WUNKER, ROBERT L Name ROBERT MUNKER 500 EAST BROWARD BLVD., 17TH FLOOR 82 Street Address (P.O. Box Number is Not Acceptable) MARGO FT. LAUDERDALE FL 33394-3071 83 2600 N. MILITARY City B OCA 84 RATON

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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 recognition of the purpose of changing its registered agent. I am firmiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. 2/3/98 SIGNATURE (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE VAN DE HOEF, HENK J NAME 1.2 NAME CR2EG34 CHILEY MILLINEAR WELLINGTON STREET ADDRESS 1.3 STREET ADDRESS SOMMERSET, ENGLAND TA2A0QU 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST-ZIP CITY - ST - ZIP DELETE Addition 3.1 TITLE Change TITLE 3.2 NAME NAME **33 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS

14. I hereby certify that the information supplied wiindicated on this armual report or suppliemental officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on an altice the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

64 CITY-ST-ZIP

SIGNATURE:

CITY+ST-ZIP

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable