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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # L03474

(8)

WATER STREET INTERNATIONAL, INC. Principal Place of Business Mailing Address 225 WATER STREET 225 WATER STREET **SUITE 1987 SUITE 1987** JACKSONVILLE FL 32202-5178 JACKSONVILLE FL 32202 3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1989 04/23/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2962510 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Z_{10} Zip 8. This corporation has liability for intangible tax under s. 199.032, 25 Yes 🔀 No 24 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name F&L CORP 200 LAURA ST 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 84 City Zip Code 11. Pursuent 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 Forida. 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 this typicalor protect force of the pedental agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition $10 \, \mathrm{d}$ BERG, GILCHRIST B 1.2 NAME NAME 225 WATER ST. 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 14 City-St-ZIP

Change DELETE Addition 21 TITLE THEF 22 NAME NAME 23 STREET ADDRESS STREET ADORESS CHY SI-7P 2 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE 1.04 SAME 3.2 NAM5 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-2it DELETE Change Addition THE 4.1 TITLE NAME 4.2 NAME STED LADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY ST ZIE DELETE. __ Change Add:tion THUE 5.1 TITLE MANA 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - S1 - ZIP C(F) - S* - Z(F) Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME MARK STREE: ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CIY-SUZE

14. Go hercoy 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 a rector 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 12 or Block 13 if changed from an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-10-97 904-355-5959

FILED

Feb 27 1997 8:00am

Secretary of State

6 Phone #

CR2E034 (9/96)