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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L51742

WATERFALL CORPORATION

Principal Place of Bu	usiness	Mailing Address	····		1 (08)(8)(60		IB HAN ANGIN BYAN DIRKI I	
4200 WACKENHUT DI		4200 WACKENHUT DRIVE						
110	1100	110						
PALM BEACH GARDENS FL 33410		PALM BEACH GARDENS FL 33410			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorpora			
					02/16/1990			T =
2. Principal Place o		2a. Mailing Address		1 - 2	4. FEI Number	,	_	Applied For
	ington Mall Rd.	26 10 Burlingto	n Mal	I Ra.	65-0180708	<u> </u>	to-	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of St	atus Desired	11 ++	75 Additional e Required
22 Suite 245 City & State		27 Suite 245 City & State		6. Election Campaign Financing				
— '	ton MA		1Z		6. Election Camp	-		00 May Be ded to Fees
23 Burlingt Zip	Country	Zip Burlington	Country		8. This corporation			200 10 1 203
	USA	29 01803 3	¬		Personal Prope		Tes ☐	XINo
1	Name and Address of Current F	<u> </u>		**	10. Name and Ad		egistered Agent	
- 3.	Traine and Francisco C. Contone	108101010111	81	Name				
FLANIGAN	N, JOHN F							
9TH FLOO	or, barnett centre		82	Street A	ddress (P.O. Box Numbe	r is Not Acceptat	ole)	
625 N. FL	LAGLER DRIVE		83					·
W. Palm	BEACH FL 33401							
			84	City			FL 85	Zip Code
office or register	provisions of Sections 607.0502 a gred agent, or both, in the State of priliar with, and accept the obligation	Florida, Such change was aut	horized by	the corpor	orporation submits this st ation's board of directors	atement for the p . I hereby accept	the appointment a	g its registered as registered
SIGNATURE					urred when reinstating)		DATE	
SIGNATURE Signatu	are, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Ager		uired when reinstating)	ANGES TO OFF		CTORS IN 12
SIGNATURE Signatu	ure, typed or printed name of registered agent a OFFICERS AND	nd title if applicable. (NOTE: R				ANGES TO OFF	DATE ICERS AND DIRE	
SIGNATURE Signetu 12. TITLE DP1	ure, typed or printed name of registered agent a OFFICERS AND	nd title if applicable. (NOTE: R	egistered Ager		ADDITIONS/CH DPVST		ICERS AND DIRE	
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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 suppliemental 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 trusts 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 to the address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR