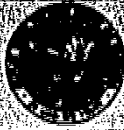


PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:05

DOCUMENT # L94222 (1)

1. Corporation Name
QUIET WATERS REALTY CO., INC.

Principal Place of Business Mailing Address
C/O HODGES, RUSS, ANDREWS, WOODS ETAL C/O HODGES, RUSS, ANDREWS, WOODS ETAL
2000 GLADES ROAD, SUITE 400 2000 GLADES ROAD, SUITE 400
BOCA RATON FL 33431 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
08/17/1990 **02/17/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 777 S. STATE RD #7		26 433 SW 8TH ST		65-0223807		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 Suite # 13		27 APT # F		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23 Margate, Fla.		28 Boca Raton, Fla.		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	County	Zip	County				
24 33068	25 BROWARD	29 33432	30 PALM BEACH				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HRAWG CORP. 2000 GLADES ROAD SUITE 400 BOCA RATON FL 33431				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PRESIDENT / Director
NAME	BARTON, LOU ANN	1.2 NAME	NINA W. Seibert
STREET ADDRESS	491 ALPINE VIEW	1.3 STREET ADDRESS	433 SW 8TH ST APT F
CITY - ST - ZIP	INCLINE VILLAGE NV	1.4 CITY - ST - ZIP	BOCA RATON, FLA. 33432
TITLE	VP	2.1 TITLE	Vice President
NAME	SEIBERT, NINA W	2.2 NAME	SCOTT A. STEBBINS
STREET ADDRESS	433 SW 8TH, APT 4	2.3 STREET ADDRESS	433 SW 8TH ST APT F
CITY - ST - ZIP	BOCA RATON FL 33432	2.4 CITY - ST - ZIP	BOCA RATON, FLA. 33432
TITLE	ST	3.1 TITLE	ST
NAME	BARTON, LOU ANN	3.2 NAME	NINA W. Seibert
STREET ADDRESS	491 ALPINE VIEW	3.3 STREET ADDRESS	433 SW 8TH ST APT F
CITY - ST - ZIP	INCLINE VILLAGE FL	3.4 CITY - ST - ZIP	BOCA RATON, FLA. 33432
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 attachment with an address.

SIGNATURE: NINA W. Seibert President 4/26/95 407-972-8739
(Type in Type 2)

CR2E034 (3/95)