

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995!
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60759

(1)

1. Corporation Name

WATERWAY PROPERTIES, INC.

Principal Place of Business

17070 COLLINS AVE #203
203
MIAMI BCH FL 33160
US

Mailing Address

MARVIN KORNICKI, CEO
17070 COLLINS AVE #203
SUNNY ISLES FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1987	3a. Date of Last Report 07/12/1994
4. FEI Number 65-0009280	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. ☐ \$5.00 May Be Added to Fees	
7. This corporation has existing tax exempt status under 1395-1399 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Incorporation

21. **20099 BISCAYNE BL.**

2a. Mailing Address

20. **POST Box 2525**

State, Apt. #, etc.

22. **AVENTURA**

State, Apt. #, etc.

27. **AVENTURA**

City & State

23. **FLORIDA**

City & State

28. **FLORIDA**

Country

24. **33180** 25. **USA**

Country

29. **33280** 30. **US**

9. Name and Address of Current Registered Agent

KORNICKI, MARVIN
3540 MAGELLAN CIRCLE #511
AVENTURA FL

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent as required by law, 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 the principal place of business of the corporation (see Florida Statutes).

SIGNATURE: *Marvin Kornicki* PRESIDENT MARVIN KORNICKI 6/21/95

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	PS KORNICKI, M. MARVIN 3540 MAGELLAN CRL 511 NO. MIAMI BEACH FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information set forth in this filing is voluntarily furnished and that I am not entitled to the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information submitted in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if I were a shareholder. I am not aware of any change of status of this corporation or of any change of the registered agent or of any change of the principal place of business of this corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as a change of status or as a change of the registered agent or of the principal place of business.

SIGNATURE:

Marvin Kornicki PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/95 305/935 3533