FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000007815 (2)**

1. Corporation Name
WATERFORD NORTH, INC.

Principal Place of Business
1501 WATERFORD DR
VENICE FL 34292

Mailing Address
1501 WATERFORD DR
VENICE FL 34292

3. Date Incorporated or Qualified: **01/25/1993**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0386756** — Applied For / Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCINTYRE, SHAWN R
1501 WATERFORD DR
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: MICHAEL W. MILLER
82 Street Address (P.O. Box Number is Not Acceptable): 1501 WATERFORD DR
83
84 City: VENICE FL 85 Zip Code: 34292

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: [signature] DATE: 5-03-96
Signature of a member of the board of directors or legal representative. If a Registered Agent, signature required above in addition to officer or director.

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MILLER, MICHAEL W	
STREET ADDRESS	1501 WATERFORD DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VSD	☒ DELETE
NAME	MCINTYRE, SHAWN R	
STREET ADDRESS	1501 WATERFORD DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VSD	☐ Change ☒ Addition
2.2 NAME	PARRISH, JAYNE E.	
2.3 STREET ADDRESS	1501 WATERFORD DR	
2.4 CITY-ST-ZIP	VENICE FL 34292	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

500001831495
05/21/96 01037 022
***200.00

5/21/96

14. do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: [signature] DATE: Digital Signature #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL W. MILLER

CR2E034 (12/95)