

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000036597 (1)

1. Corporation Name
WATERS EDGE SCANNING ASSOCIATES, INC.

Principal Place of Business 3104 W WATERS AVE SUITE 106 TAMPA FL 33614	Mailing Address 3227 BENNET ST N ST. PETERSBURG FL 33713-2641
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/19/1993	3a. Date of Last Report 07/08/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-3184242	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

8. Name and Address of Current Registered Agent GIALLOURAKIS, STEPHANIE MEDCROSS 3227 BENNET STREET NORTH ST. PETERSBURG FL 33713		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SEC/TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANTER, JOEL	1.2 NAME	STEPHANIE GIALLOURAKIS
STREET ADDRESS	8000 TOWERS CRESCENT DR, SUITE 1070	1.3 STREET ADDRESS	3227 BENNET ST N
CITY-ST-ZIP	VIENNA VA 22182	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33713
TITLE	PO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOH, HENRY	2.2 NAME	
STREET ADDRESS	3227 BENNET ST N	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHON, DOROTHY L	3.2 NAME	
STREET ADDRESS	3227 BENNET ST N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:

Stephanie Giallourakis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

(813) 621-1793

Date Daytime Phone #

0376217

CR2E034 (9/96)