

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sheida R. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000051016 (2)

1. Corporation Name

MICHAEL DAVID WATERMAN, INC.



Principal Place of Business

3 PIPER STREET
BEAVER FALLS PA 15010
US

Mailing Address

P.O. BOX 1581
BEAVER FALLS PA 15010
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

FIGLER, RONALD G
155 S. OCEAN DR.
UNIT 132
BOCA RATON FL 33432

3. Date Incorporated or Qualified

07/15/1993

3a. Date of Last Report

03/20/1995

4. FET Number

25-1714809

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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. Hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0500, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

(P. 93)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME WATERMAN, MICHAEL DAVID

12 NAME

STREET ADDRESS 3 PIPER STREET

13 STREET ADDRESS

CITY-STATE-ZIP BEAVER FALLS PA

14 CITY-STATE-ZIP

2. TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME FIGLER, RONALD G.

22 NAME

STREET ADDRESS 155 S. OCEAN DR., UNIT 132

23 STREET ADDRESS

CITY-STATE-ZIP BOCA RATON FL

24 CITY-STATE-ZIP

3. TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-STATE-ZIP

34 CITY-STATE-ZIP

4. TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-STATE-ZIP

44 CITY-STATE-ZIP

5. TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

6. TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-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 119.07(3)(d), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD G. FIGLER

3-14-96

412-846-8252

CR2E034 (12/95)