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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 06 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300051016 (2) MICHAEL DAVID WATERMAN, INC.										
Principai Plac	e of Business	3	Mail	ling Address		<u>, , , , , , , , , , , , , , , , , , , </u>		EBIR BORDI BRIDI	20 0 01 00 000 12 0 0	i d iri rabi
3 PIPER STREET BEAVER FALLS PA 15010 US		BEA	P.O. BOX 1581 BEAVER FALLS PA 15010-6581 US							
J3			00				3. Date Incorporated or Qualifie 07/15/1993		ate of Last F	Report
2. Principal F	lace of Busin	oss	2a. I	Mailing Address			4. FEI Number	XY/		pplied For
Cuito And High		26	26 Suite, Apt. #, etc.						ot Applicable	
Suite, Apt. #, etc							5. Certificate of Status Desired		S8.75 Additional Fee Required	
City & Stal	le			City & State		.,,	6. Election Campaign Financing			May Be
3			28				Trust Fund Contribution			to Fees
<i>Ζ</i> φ Β	ļ	Country	├ ~¬	Z _I p	Cour	try	8. This corporation has liability !			s. 199.032,
4]		25 and Address of Curre	29 ent Registe	ered Agent	30		Florida Statutes 10. Name and Address of New	Yes Registered		
FIG	LER, RONAL					Name				
	S. OCEAN				}	Street Add	dress (P.O. Box Number is Not Accep	table)		
	T 132				Ĺ		17050 (1 .O. DOX 1707100) 10 1701 71000p			
BOO	CA RATON I	FL 33432			ľ	33				
					}	34 City			85 Zip	Code
						1		<u>FL</u>		
1. Pursuant	to the provisi	ons of Sections 607.05	02 and 60	7.1508, Florida Stat	lutes, the ab	ove-named cor	rporation submits this statement for th	ie purpose o	n priedrighing i	
							rporation submits this statement for th ation's board of directors. I hereby ac	e purpose o	pointment as	registered
BIGNATURE		or printed hame of registered a	gent and title if	applicable (N	OTE: Registered		uired when reinstating)	DATE		
SIGNATURE	Signature types		gent and title if	applicable (N	OTE: Registered	Agent signature requ		DATE	D DIRECTO	RS IN 12
BIGNATURE 2. ULE	Signature typed	or printed harner of registered at OFFICERS AT	gent and title if ND DIRECT	applicable (N	OTE: Registered	Agent signature requ	uired when reinstating)	DATE		RS IN 12
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