

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:17

DOCUMENT # **P94000020737 (0)**

1. Corporation Name

WATERMILL DISTRIBUTION CORPORATION

Principal Place of Business

Mailing Address

1440 78TH ST CAUSEWAY
SUITE 319
MIAMI BEACH FL 33141

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SUITE 319
MIAMI BEACH FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/17/1994** 3a. Date of Last Report

4. FEI Number **65-0566005** Appeared 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 § 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 **5100 Town Center Circle**

26 **5100 Town Center Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 330**

27 **Suite 330**

City & State

City & State

23 **Boca Raton, Florida**

28 **Boca Raton, Florida**

Zip

Country

Zip

Country

24 **33486**

25 **USA**

29 **33486**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**E.H.G. RESIDENT AGENTS, INC.
2601 SOUTH BAYSHORE DR
SUITE 1225
MIAMI FL 33133**

81 Name

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

5100 Town Center Circle

83 **Suite 330**

84 City

Boca Raton

FL

85 Zip Code **33486**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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.

By: *[Signature]* **Edward H. Gilbert, President** **3/24/95**

SIGNATURE

(Signature of President, Secretary, Treasurer or Registered Agent)

(Date, Registered Agent signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	P/D Edward H. Gilbert
13 STREET ADDRESS	5100 Town Center Circle, Suite 330
14 CITY, ST, ZIP	Boca Raton, FL
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, 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)(b), Florida Statutes. I further certify that the information contained 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 register 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 of this report or on an attachment with an address.

SIGNATURE:

[Signature] **Edward H. Gilbert, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95
DATE

(407)361-9300
TELEPHONE NUMBER