

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

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000048475 (5)

1. Corporation Name:  
**THE WATERFORD BUILDING CORPORATION**



Principal Place of Business <b>1839 SE 2ND TER CAPE CORAL FL 33990</b>	Mailing Address <b>1839 SE 2ND TER CAPE CORAL FL 33990-1320</b>
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2. Principal Place of Business 21 <b>122 S.E. 15th Ave.</b>		2a. Mailing Address 26 <b>P.O. Box 60063</b>		3. Date Incorporated or Qualified <b>06/29/1994</b>	3a. Date of Last Report <b>02/26/1996</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0501468</b>	Applied For Not Applicable
22 City & State <b>Cape Coral, FL</b>		27 City & State <b>Ft. Myers, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip <b>33990</b>		28 Country <b>Lee</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33990</b>		29 Country <b>Lee</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>O'DELL, MICHAEL D 1839 SE 2ND TER CAPE CORAL FL 33990</b>				10. Name and Address of New Registered Agent	
				81 Name <b>O'Dell, Michael D.</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>122 S.E. 15th Ave.</b>	
				83	
				84 City <b>Cape Coral</b>	85 <b>FL 33990</b>

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: *Michael D O'Dell* DATE: **1/30/97**  
Signed, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'DELL, MICHAEL D</b>			1.2 NAME	<b>O'Dell, Michael D.</b>		
STREET ADDRESS	<b>1839 SW SECOND TERRACE</b>			1.3 STREET ADDRESS	<b>122 S.E. 15th Ave.</b>		
CITY-ST-ZIP	<b>CAPE CORAL FL</b>			1.4 CITY-ST-ZIP	<b>Cape Coral, FL 33990</b>		
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	VS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'DELL, BONNIE</b>			2.2 NAME	<b>O'Dell, Bonnie</b>		
STREET ADDRESS	<b>1839 SE SECOND TERRACE</b>			2.3 STREET ADDRESS	<b>122 S.E. 15th Ave.</b>		
CITY-ST-ZIP	<b>CAPE CORAL FL</b>			2.4 CITY-ST-ZIP	<b>Cape Coral, FL 33990</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Michael D O'Dell* DATE: **1/30/97** 441-574-2396  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)