

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000052631 (6)**

1. Corporation Name
WATERWAY GARDENS, INC.



Principal Place of Business: **4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418**
Mailing Address: **4500 PGA BLVD. SUITE 304B PALM BEACH GARDENS FL 33418**

2. Principal Place of Business: **4200 Wackenhut Drive**
2a. Mailing Address: **4200 Wackenhut Drive**
21 Suite, Apt. #, etc.: **Suite 110**
26 Suite, Apt. #, etc.: **Suite 110**
22 City & State: **Palm Beach Gardens FL**
27 City & State: **Palm Beach Gardens FL**
23 Zip: **33410**
24 Country: **USA**
25 Zip: **33410**
29 Country: **USA**
30

3. Date Incorporated or Qualified: **07/15/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0506928**
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

9. Name and Address of Current Registered Agent: **TAMBONE, RICHARD P 2141 ALTERNATE A1A S., SUITE 400 JUPITER FL 33477**
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 607.1508, 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 registering.) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	TAMBONE, LORI B	
STREET ADDRESS	4500 PGA BLVD SUITE 304B	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	TAMBONE, RICHARD P	
STREET ADDRESS	4500 PGA BLVD SUITE 304B	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110	
1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110	
2.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: _____ Date: **4-26-96** Daytime Phone #: **407-675-0008**

CR2E034 (12/95)