SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000028200 (0)

ncipal Place of Business	Mailing Address One Beach Dr. S.E. Suite 220 St. Petersburg Fl 39701	
ONE BEACH DR. S.E. Buite 220 St. Petersburg Fl 33701		
, Principal Place of Business	2a. Mailing Address	
ī '	26	
Suite, Apl. #, etc.	26 Suite, Apt. #. etc.	

FILED Sep 03 1997 8:00am Secretary of State

Principal Plac	VATER INVESTMENTS, INC.	Mailing Address				
ONE BEACH DR. S.E. SUITE 220 ONE BEACH DR. S.E. SUITE 220						
ST. PETERSBU	URG FL 33701	ST. PETERSBURG FL 3370	1	DO NOT WRITE		
				3. Date Incorporated or Qualified	3a. Date of Last Ro	port :
9 Principal P	Place of Business	2a. Mailing Address		04/10/1995 4. FEI Number	04/12/1996	
21	1ace of Dusiness	26 Walling Address		59-3307344		plied For
Suite, Apt.	#. etc	Suite, Apt. #, etc.		09'000'044	60.75	t Applicable
22	,	27		5. Certificate of Status Desired	Fee Re	
City & State City & State			6. Election Campaign Financing	\$5.00	•	
23		28		Trust Fund Contribution	☐ Added to	
Zip	Country	Zφ	Country	8. This corporation owes or has pai	id the current year Inte	angible
24	25		30	Personal Property Tax due June] No
401	9. Name and Address of Curren	Registered Agent	B1 Name	10. Name and Address of New Reg	gistered Agent	
	HCRAFT, EDELGARD G		B1 Name			
) 31ST ST N ITE 20 6		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	PETERSBURG FL 33713		83			
31 	retendono re 33713					
		· · · · · · · · · · · · · · · · · · ·	84 City	77.77	FL 85 Zip C	Code
l office or r	to the provisions of Sections 607 0502 registered agont, or both, in the State am familiar with, and accept the obliga	ol Florida. Such change was a	uthorized by the corners	rporation submits this statement for the p ation's board of directors. I hereby accep	urnose of changing its	registered registered
O'GINTONE	Signature, typed or printed material registered ager	il and title if applicable (NOT)	Rog stered Agent signature requ	uired when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	D Steinbech, Joachim	L_J DELETE	1.1 1ITCE		L Change	Addition
NAME	4912 LONGBOAT BLVD.		1.2 NAME			
STREET ADDRESS	TAMPA FL 33815		1.3 STHEET ADDRESS			
CITY-ST-ZIP TITLE	TAMEATE COOLS	DELETE	1.4 C(TY-ST-Z(P) 2.1 TITLE		Change	Addition
NAME		E Dittie	2.2 NAME		ET Griginge	Addition
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CHY-ST-ZIP	. •		
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-\$1-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CI1Y - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5 a street address			
CITY-ST-ZIP			5.4 CHTY - ST - ZIF			-
TITLE		DELETE	6 1 1JYLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-7/P			6.4.C(1) V. ST. 7/P			

14. I do hereby certily 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 on supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation in the receiver or truster to prove the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for our an attachment with in address.

8/26/97