

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000095040

1. Corporation Name
WATERWAYS DEVELOPMENT, INC.

Principal Place of Business
15292 S.W. 17 ST.
DAVIE FL 33326
US

Mailing Address
15292 S.W. 17 ST.
MIAMI FL 33326
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90134 036 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1995	
4. FEI Number 65-0627342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

ROBBINS, CHARLES D
WAMPLER, BUCHANAN & BREEN, P.A.
900 SUNTRUST BLDG., 777 BRICKELL AVE.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	Charles D. Robbins
82 Street Address (P.O. Box Number is Not Acceptable)	Katz, Barron, Squitieri, Faust & Berman
83	2699 South Bayshore Drive
84 City	Miami
85 Zip Code	FL 33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLAN, AMNON	1.2 NAME	
STREET ADDRESS	3111 STERLING RD., #B-132	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33312	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLAN, DINA	2.2 NAME	
STREET ADDRESS	3111 STERLING RD., #B-132	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33312	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, RICHARD	3.2 NAME	16335 MARIPOSA CIRCLE NORTH
STREET ADDRESS	8715 S.W. 150 CT. CIR., NORTH	3.3 STREET ADDRESS	PEMBROKE PINES, FL 33331
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, J. STEVEN	4.2 NAME	
STREET ADDRESS	18065 SW 82 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	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 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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

954 382-0020

Daytime Phone #

CR2E034 (11/98)