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

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90121 016 ***150.00

1. Corporation				
WATERS	EDGE REALTY ADVISORS	6, INC.		, HARAMAN HA SANT IARNI ARNI ARNI ARNI ARNI ARNI ARNI ARN
Principal Place	e of Business	Mailing Address		
181 CORAL AVENUE 181 CORAL AVENUE				
TAVERNIER FL	33070	TAVERNIER FL 33070		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
				01/09/1997
2 Princinal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21	idda ar Eddinosa	26		65-0731724 Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing S5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29 3	0	Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent
BRONSON JOYCE M				OYCE M. BRONSON
BRONSON, JOYCE M			82 Street A	Address (P.O. Box Number is Not Acceptable)
3 97 POINCIANA -ISLAND-				RI CORAL AVENUE
MIAN	#HBEACH FL-93160		ラ 83 「	
. •			84 City	B5 Zip Code
			TA	VERNIER FL 33070
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	horized by the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. i a SIGNATURE	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Florid	ia Statutes.	,
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable. (NOTE: R	legistered Agent signature re	·
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DEŁETE	1.1 TITLE	JOYCE M. BRONSON RIChange Addition 181 CORAL AVENUE
NAME	BRONSON, JOYCE M		1.2 NAME	JOYCE M. DROWE
STREET ADDRESS	137 SEVERINO DRIVE		1.3 STREET ADDRESS	181 CORAL AVENUE
CITY-ST-ZIP	ISLAMORADA FL 33036		1.4 CITY-ST-ZIP	TAVERNIER, FL 33070
TITLE		☐ DELETÉ	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-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-ST-ZIP	
TITLE		☐ DELETE	4,1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 endress, with all other like empowered.

SIGNATURE: