

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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90045 032 ***158.75

DOCUMENT # P97000051376

1. Corporation Name

WATERFORD-ORLANDO, INC.

Principal Place of Business
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

Mailing Address
2601 S. BAYSHORE DR.
LEGAL DEPT., SUITE 900
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1997

4. FEI Number

65-0762708

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 owes the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

GOLDMAN, JOEL K
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PCEO
NAME JEFFREY, THOMAS W
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

TITLE VT
NAME FISCHER, JOHN H
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

TITLE VS
NAME GOLDMAN, JOEL K
STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP MIAMI FL 33133

TITLE D
NAME KOENIGSBERGER, RICARDO
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33133

TITLE VASC
NAME COOK, PAULA
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33133

TITLE V
NAME LAGUARDIA, JOHN
STREET ADDRESS 2601 S. BAYSHORE DR.
CITY-ST-ZIP MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

☒ Change

☐ Addition

1.1 TITLE P/CEO/D
1.2 NAME Jeffrey, Thomas W.
1.3 STREET ADDRESS 2601 S. Bayshore Drive
1.4 CITY-ST-ZIP Miami FL 33133

2.1 TITLE V/T/D
2.2 NAME Fischer, John H.
2.3 STREET ADDRESS 2601 S. Bayshore Drive
2.4 CITY-ST-ZIP Miami FL 33133

3.1 TITLE V/S/D
3.2 NAME Goldman, Joel K.
3.3 STREET ADDRESS 2601 S. Bayshore Drive
3.4 CITY-ST-ZIP Miami FL 33133

4.1 TITLE V
4.2 NAME Anness, Lisa D
4.3 STREET ADDRESS 2601 S. Bayshore Drive
4.4 CITY-ST-ZIP Miami FL 33133

5.1 TITLE V
5.2 NAME O'Grady, Kevin
5.3 STREET ADDRESS 2601 S. Bayshore Drive
5.4 CITY-ST-ZIP Miami FL 33133

6.1 TITLE V
6.2 NAME Gillette, J. Thomas
6.3 STREET ADDRESS 2601 S. Bayshore Drive
6.4 CITY-ST-ZIP Miami FL 33133

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99

Date

305-259-4000

Daytime Phone #

CR2E034 (11/98)