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 Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90001 043 ***150.00

DOCUMENT # P9700063873

1. Corporation Name

WATERFORD FINANCIAL GROUP, INC.

|--|

Principal Place	e of Business	Mailing Address				,			
2802 NORTH 34 AVENUE HOLLYWOOD FL 33021 2802 NORTH 34 AVENUE HOLLYWOOD FL 33021							•		
						DO NOT WRITE IN THIS SPACE			
					ŀ	3. Date Incorporated or Qualifed			
						07/23/1997			
2. Principal Place of Business 2a. Mailing Address					الان	4. FEI Number		Appli	ed For
21 2450 HOLLYWOOD BLUD 26 JYSD HOLLYW				OOD BI	(va	65-0769803			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	1 1	75 Add e Requ	
City & State City & State City & State 28 Holly wood, F.						Election Campaign Financing Trust Fund Contribution	, ,	00 M	• 1
Zip 22-70 Country will Zip 22-24 Country				ROWAR	2 / 1	8. This corporation owes the currer		_	, l
24 700	25 p/20 WILD	29 370 10	30	ROWIE	15	Personal Property Tax. 10. Name and Address of New Re	, Yes		No
	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of New Re	gistered Agent		
СОН	ien, Brian d								
2802 NORTH 34 AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)					
HOL	LYWOOD FL 33021			83					
			}	84 City			85	Zip Co	de
	\sim			1			FL	· .	
office or re	to the provisions of Sections 60 .0502 egistered agent, or both, in the State of	f Florida. Such change was a	uthorized	by the corpo	corpora oration	ation submits this statement for the piles board of directors. I hereby accept	urpose of changin the appointment a	g its re as regis	gistered stered
agent. I ai	m familiar with and accept the obligation	ons of, Section 607.0505, Flo	rida Statu	tes.			/ //99		
SIGNATURE		and title if applicable. (NOTE	Perietered	Agent signature re	raquirad u	when reinstatings	DATE		
12.		DIRECTORS	13.	- gen agrator	oquco n	ADDITIONS/CHANGES TO OFF		CTOR	S IN 12
TITLE	D	DELETE	1.1 TIT	LE		D	Cha	nge	Addition
NAME	Cohen, Brian D	,	1.2 NA	ME	B	ELAN D. COMEN 50 HOLLYWOOD BLVD	4-7-05		
STREET ADDRESS	2802 NORTH 34 AVENUE		1.3 STF	REET ADDRESS	24	So HOLLYWOODS DUT	# 603		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CIT	Y-ST-ZIP	Ho	uywood, K 32	020		
TITLE		☐ DELETE	2.1 TITI	LE	, i		☐ Cha	nge	Addition
NAME			2.2 NA	1				•	
STREET ADDRESS				REET ADDRESS					
CITY-ST-ZIP		☐ DELETE	2. 4 CIT	ry-st-zip			Cha	nge	Addition
TITLE		☐ OECETE	3.1 III						
NAME STREET ADDRESS				REET ADDRESS					1
CITY-ST-ZIP				ry-st-zip					
TITLE		☐ DELETE	4.1 TIT				☐ Cha	inge	Addition
NAME			4. 2 NA	ME		•		-	,
STREET ADDRESS			4.3 ST	REET ADDRESS		<u>.</u>		-	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	<u></u>				
TITLE		☐ DELETE	5.1 TIT				Cha	nge	Addition
NAME			5.2 NA						
STREET ADDRESS			1	REET ADDRESS					
CITY-ST-ZIP	1			Y-ST-ZIP	 				Addition
TITLE		☐ DELETE	6.1 TIT				☐ Cha	nge	☐ Addison
NAME	1		6.2 NA	ME REET ADDRESS					
STREET ADDRESS				Y-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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR