FILED Apr 26, 1999 8:00 am Secretary of State

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072441

Principal Place of Business

THE WATERHOUSE GROUP, INC.

725 BUOY ROAD N. PALM BEACH FL 33408 US		725 BUOY ROAD N. Palm Beach Fl 33403 US					DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed 08/20/1997						
2. Principa Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For				
21		26				<u>65-0</u>	776047					oplicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired							
22		City & State	City & State				- 51 1						
City & State	2	28				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					•		
Zip	Country	Zip Country				This corporation owes the current year intangible							
24	25	29	30	•		'	Personal Property Tax.						No
24	9. Name and Address of Currer		100			1	0. Name	and Address o	f New R	egistere	d Agent		
				81	Nam	е							
	ERHOUSE, VINCENT J			82	Stree	et Ac dress	dress (P.O. Box Number is Not Acceptable)						
	BUOY ROAD ALM BEACH FL 33408			83									
*****				84	City				<u>.</u> .		85 2	Zip Cod	
					•					FI	ᄂᆝᆜ		
office cr re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligation of the state of the obligation of the state of the st	of Florida. Such change was tions of, Section 607.0505, F	authorized	ites.	the co	rporation's	board of	(lirectors, i nere	bylaccep	t the apro	omunent a	s reg st	ered
12.		II) DIRECTORS	13.		1		ADDIT	IONS/CHANGES	TO OFF	ICERS 1	ND DIRE		
TITLE	D	☐ DELETE	1.1 TI	TLE							Char	nge	Addition A
NAME	WATERHOUSE, VINCENT J		1.2 N	AME									
STREET ADDRESS	725 BUOY ROAD		1.3 ST	REET	ADDRES	ss							
CITY+ST-ZIP	N. PALM BEACH FL 33408		1.4 CI	TY-ST	- <u>ZIP</u>								
TITLE		☐ DELETE	2.1 Tr	TLE							Char	nge	Addition
NAME			2.2 N/	AME									
STREET ADORESS					ADDRES	ss							
CITY-ST-ZIP		C ACLETE		my-S1	T-ZIP						☐ Chai	100	Addition
TITLE		☐ DELETE	3 1 TI									.30	
NAME			3.2 N/		ADDDC								
STREET ADDRESS			- 1		ADDRES	23							
CITY-ST-ZIP TITLE		☐ DELETE	4.1 Ti	ITY-ST	1-ZIP	+					Cha	nge	Addition
NAME		<u></u>	4. 2 N										
STREET ADDRESS					ADDRES	ss							
CITY-ST-ZIP				TY-ST									
TITLE		☐ DELETE	5.1 TI					-			Cha	nge	Addition
NAME			5.2 N/	AME									
STREET ADDRESS			5.3 S1	TREET	ADDRES	ss							
CITY-ST-ZIP				TY-ST	Γ- ZIP								
TITLE		☐ DELETE	6.1 TI								Chai	nge	☐ Addition
MANE!			62 N	AME									

14. I heretly certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0'(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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP