


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

04-26-1999 90063 009 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000092382**

1. Corporation Name

**WHISPERING WATERS GENPAR, INC.**

Principal Place of Business

3195 NORTH POWERLINE ROAD #104  
POMPANO BEACH FL 33069

Mailing Address

3195 NORTH POWERLINE ROAD #104  
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1998

4. FEI Number

65-0882665

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 Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BRENNER, SCOTT F  
 3195 NORTH POWERLINE ROAD #104  
 POMPANO BEACH FL 33069**

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

TITLE ☐ DELETE
**NAME  
 BRENNER, SCOTT F  
 STREET ADDRESS  
 3195 NORTH POWERLINE ROAD #104  
 CITY-ST-ZIP  
 POMPANO BEACH FL 33069**
TITLE ☐ DELETE
**NAME  
 KOPELMAN, MARC A  
 STREET ADDRESS  
 3195 NORTH POWERLINE ROAD #104  
 CITY-ST-ZIP  
 POMPANO BEACH FL 33069**
TITLE ☐ DELETE
**NAME  
 HOROWITZ, BRIAN  
 STREET ADDRESS  
 3195 NORTH POWERLINE ROAD #104  
 CITY-ST-ZIP  
 POMPANO BEACH FL 33069**
TITLE ☐ DELETE
**NAME  
 HOROWITZ, HYMAN B  
 STREET ADDRESS  
 3195 NORTH POWERLINE ROAD #104  
 CITY-ST-ZIP  
 POMPANO BEACH FL 33069**
TITLE ☐ DELETE
**NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME  
 STREET ADDRESS  
 CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)