

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90015 046 \*\*\*150.00

0122825

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # S54078**

1. Corporation Name  
**WATERSIDE CENTER CORPORATION**

Principal Place of Business 1250 E HALLANDALE BEACH BLVD SUITE 809 HALLANDALE FL 33009 US	Mailing Address 1250 E HALLANDALE BEACH BLVD SUITE 809 HALLANDALE FL 33009 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/21/1991</b>	
4. FEI Number <b>65-0262108</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1150B E. HALLANDALE BCH BLVD</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1150B E. HALLANDALE BCH BLVD</b> Suite, Apt. #, etc.	
22 City & State 23 <b>HALLANDALE FL</b>		27 City & State 28 <b>HALLANDALE FL</b>	
24 Zip <b>33009</b>		29 Zip <b>33009</b>	
25 Country <b>USA</b>		30 Country <b>USA</b>	

9. Name and Address of Current Registered Agent <b>BRYAN, ROBERT</b> <b>815 NW 57TH AVE., #201</b> <b>PH NE</b> <b>MIAMI FL 33126</b>	10. Name and Address of New Registered Agent 81 Name <b>ROBERT LECHTER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1150B E. HALLANDALE BCH BLVD</b> 83 84 City <b>HALLANDALE</b> FL 85 Zip Code <b>33009</b>
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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 <b>ROBERT LECHTER</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <b>4/27/99</b>

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	PT
NAME <b>LECHTER, ROBERT</b>	12 NAME <b>LECHTER, ROBERT</b>	1.2 NAME	
STREET ADDRESS <b>1250 E HALLANDALE BEACH BLVD STE 809</b>	13 STREET ADDRESS <b>1150B E. HALLANDALE BCH BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>	14 CITY-ST-ZIP <b>HALLANDALE FL 33009</b>	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
NAME <b>URRUELA, JUAN</b>	2.2 NAME <b>URRUELA, JUAN</b>	2.2 NAME	
STREET ADDRESS <b>1250 E HALLANDALE BEACH BLVD STE 809</b>	2.3 STREET ADDRESS <b>1150B E. HALLANDALE BCH BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP <b>HALLANDALE FL 33009</b>	2.4 CITY-ST-ZIP <b>HALLANDALE FL 33009</b>	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 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 address, with all other like empowered.

**SIGNATURE:** **ROBERT LECHTER** **4/27/99** **954455360**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)