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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L51742

1. Corporation Name
WATERFALL CORPORATION

Principal Place of Business
4200 WACKENHUT DRIVE
 110
PALM BEACH GARDENS FL 33410
 US

Mailing Address
4200 WACKENHUT DRIVE
 110
PALM BEACH GARDENS FL 33410
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **10 Burlington Mall Rd.**
 Suite, Apt. #, etc.
 22 **Suite 245**
 City & State
 23 **Burlington MA**
 Zip Country
 24 **01803** 25 **USA**

2a. Mailing Address
 26 **10 Burlington Mall Rd.**
 Suite, Apt. #, etc.
 27 **Suite 245**
 City & State
 28 **Burlington MA**
 Zip Country
 29 **01803** 30 **USA**

3. Date Incorporated or Qualified
02/16/1990

4. FEI Number
65-0180708
 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. Yes No

9. Name and Address of Current Registered Agent
FLANIGAN, JOHN F
9TH FLOOR, BARNETT CENTRE
625 N. FLAGLER DRIVE
W. PALM BEACH FL 33401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **DPT**

STREET ADDRESS **TAMBONE, RICHARD P.**

CITY-ST-ZIP **4200 WACKENHUT DR., STE.110**
PALM BEACH GARDENS FL

TITLE DELETE

NAME **DVS**

STREET ADDRESS **TAMBONE, LORI B.**

CITY-ST-ZIP **4200 WACKENHUT DR., STE.110**
PALM BEACH GARDENS FL

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

NAME **DPVST**

1.2 NAME

1.3 STREET ADDRESS **222 Lakeview Ave., 17th Floor**

1.4 CITY-ST-ZIP **West Palm Beach FL 33401**

2.1 TITLE Change Addition

NAME **D**

2.2 NAME

2.3 STREET ADDRESS **10 Burlington Mall Rd.**

2.4 CITY-ST-ZIP **Burlington MA 01803**

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 REQUIRED** **4-30-99** **781-770-0244**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)