

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

FILED

**Jan 29 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000951 (4)
 1. Corporation Name
MACK OIL/WATER SEPARATOR SYSTEMS, INC.



Principal Place of Business 201 COLUMBIA ROAD VALLEY CITY OH 44280	Mailing Address 201 COLUMBIA ROAD VALLEY CITY OH 44280-9706
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/05/1993	3a. Date of Last Report 05/03/1996
21	26	4. FEI Number 34-1048591	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip Country	29 Zip Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KNOTTS, GREGORY 1202 DEER LAKE CIRCLE APOKA FL 32712		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTTS, SARAH	1.2 NAME	
STREET ADDRESS	1202 DEER LAKE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	APOKA FL	1.4 CITY - ST - ZIP	
TITLE	VCST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESPECA, BETSY	2.2 NAME	
STREET ADDRESS	7561 AVON LAKE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LODI OH	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, DOUGLAS	3.2 NAME	
STREET ADDRESS	1229 W. RIVER ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	VALLEY CITY OH	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, EMILY	4.2 NAME	
STREET ADDRESS	1229 W. RIVER ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	VALLEY CITY OH	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACK, HOWARD	5.2 NAME	
STREET ADDRESS	1229 W RIVER RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	VALLEY CITY OH	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  1/13/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)