

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H80535** (8)

1. Corporation Name
THE WATER WORKS MECHANICAL CORPORATION



Principal Place of Business	Mailing Address
C/O BRUCE D. GREEN 600 SOUTH ANDREWS AVENUE STE 400 FT. LAUDERDALE FL 33301	C/O BRUCE D. GREEN 600 SOUTH ANDREWS AVENUE STE 400 FT. LAUDERDALE FL 33301

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	10/11/1985	04/03/1995
22	27	4. FEI Number	Applied For / Not Applicable
23	28	59-2591531	
24	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREEN, BRUCE D 600 SOUTH ANDREWS AVENUE SUITE 400 FORT LAUDERDALE FL 33301	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	PD LINZER, LESLIE	1 1 TITLE	Change Addition
NAME	10555 NW 53RD ST.	12 NAME	
STREET ADDRESS	SUNRISE FL	13 STREET ADDRESS	
CITY-STATE-ZIP	SUNRISE FL	14 CITY-STATE-ZIP	
TITLE	VST LINZER, CHARLES	2 1 TITLE	Change Addition
NAME	10555 NW 53RD ST.	22 NAME	
STREET ADDRESS	SUNRISE FL	23 STREET ADDRESS	
CITY-STATE-ZIP	SUNRISE FL	24 CITY-STATE-ZIP	
TITLE		3 1 TITLE	Change Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-STATE-ZIP		34 CITY-STATE-ZIP	
TITLE		4 1 TITLE	Change Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE		5 1 TITLE	Change Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE		6 1 TITLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: C. Linzer 3/1/96 305-742-2106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)