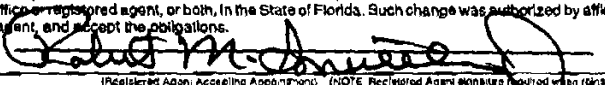
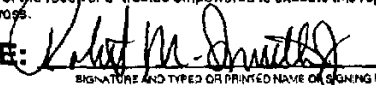


APR. 23. 1999 2:37PM

NO. 298 P. 2/3

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE		99MAY-3 AM11:16 with 5/5	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M96 000000027 WATER TECHNOLOGIES AND SYSTEMS LIMITED COMPANY 14 S. SWINTON AVE DELRAY BEACH, FLORIDA 33444		1a. Principal Place of Business Address 14 S. SWINTON AVE DELRAY BEACH, FLORIDA 33444	
2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1/18/96	OC
City & State	City & State	4. FEI Number	☐ Applied For ☐ Not Applicable
Zip	Country	65-0626743	
		5. Date of Last Report	6. Certificate of Status Desired ☐ To be Additional Fee Required
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
ROBERT M. SMITHER, JR 14 S. SWINTON AVE DELRAY BEACH, FL 33444		Name Street Address (P.O. Box Number is Not Acceptable) 600002867186--9 Suite, Apt. #, etc. 05/07/99--01079--016 ****188.75 ****188.75 City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE 		DATE	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	EDWIN FRAHLRY	200 CARTERS GROVE LN	LYNCHBURG, VA 24503
MGR	ROBERT M. SMITHER, JR	14 S. SWINTON AVE	DELRAY BEACH, FL 33444
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: 		4/27/99 (561)243-2400 Date Daytime Phone #	

INH9E10 R (12-98)

ROBERT M. SMITHER, JR