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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCU	MENT	# F	950	000	0000	62 (6	3

FILED Apr 11 1997 8:00am Secretary of State

AMERICAN GENERAL WATER SYSTEMS, INC. Principal Place of Business Mailing Address 3745 NORTH FLORIDA AVE. TAMPA FL 33603 TAMPA FL 33603-4907											7
							3. Date Incorporated or Qualified 12/30/1994		ate of Last Re / 19/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	1 01/		pplied For	1
21		26				59-3292293 Not Applie					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				- 1	5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State		City & State		·			6. Election Campaign Financing		\$5.00		┨
23		28					Trust Fund Contribution		Added t		
Zip	Country	Zip		intry			8. This corporation has liability for			. 199.032,	
24	9. Name and Address of Current	29	30	1			Florida Statutes 10. Name and Address of New Re	Yes [······	\downarrow
111		undistation wildstit		81	Name		10. Haille Bild Addrass of New A	Aistelet	Agent		1
	rtinez, daniel f esq. 01 Swann Avenue							 			4
	MPA FL 33606			82	Street A	Addres	s (P.O. Box Number is Not Accepta	ble)			
1740				83				· · · · · · · · · · · · · · · · · · ·			7
				84	City				85 Zip (Code	4
			·— · · · · · · · · · · · · · · · · · ·		- '-			FL			
11. Pursuant office of r agent La	to the provisions of Sections 607.0502 registored agent, or both, in the State o im familiar with, and accept the obligati	and 607.1508, Florida Statuti f Florida: Such change was a ons of, Section 607.0505, Flo	es, the al authorize orida Stat	bove d by lutes	named the corp	corpor poration	ation submits this statement for the i's board of directors. I hereby acce	purpose o pt the app	f changing its ointment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered agont	and the Hample ship. INCT	- Donictoro	d Ago	nt eignst va	rogulead	when reinstaling)	DATE			ľ
12.	OFFICERS AND		13.	CI AGe	III SiGnatura	required	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	1
THE	DP	☐ DELETE	11 TI	TLE		DI	% T		Change	Addition	18
NAME	SCANIO, MICHAEL		1.2 N	AME	[•				
STREET ADDRESS	13911 SHADY SHORES DR.		1.3 S	TREET	ADORESS]						Ĭ
CITY-ST-ZIP	TAMPA FL 33613		_	ITY-S	I-ZIP						
TITLE	DST	Z DELETE	2.1 Ti						Change	Addition	1
NAME	SCANIO, VINCENT 1004 ECKLES DRIVE		2.2 N	,.							
STREET ADDRESS	TAMPA FL 33612				ADDRESS			= 1			
TITLE	D 14MFA FL 00012	DELETE	2. 4 C		T-ZIP			-	Change	Addition	+
NAME	SCANIO, JIMMIE		3.2 N		- 1						
STREET ADDRESS	10901 HONEY HILL DR.				ADDRESS	i					
City-\$1-79*	TAMPA FL 33625		34.0	HTY-S	T-ZIP						
DILE	D	DELETE	4.1 7	TLE					Change	Addition]
NAME	SCANIO, IDA		4.21	IAME	,					:	-
STREET ADDRESS	10901 HONEY HILL DR.	/			address				•		
C-TY - ST - ZIP	TAMPA FL 33625	- I DELEVE	4.4 CIT		T-ZiP				Lighten	Addition	4
TITLE	DV MULLER, ERIC	MC DELETE 5.11			ł				Change	Addition	1
NAME STREET ADDRESS	10114 UNDELAAN DRIVE		5.2 N		Annpres						
COLA-21-31-	TAMPA FL 33618			IKEET ITY+S	ADDRESS						
TITLE	ILAMINITE ANAIA	DELETE	61 T		1 - LIT			····	Change	Addition	\dashv
NAME			6.2 N								
STREET ADDRESS					ADDRESS						
CHY-S1-ZIP			6.4 C	ITY-S	1- <i>21</i> P						
4 8 1 8 8	the state of the Alexander of the state of the Alexander	the state of the state of the state of the	. Sau dha			A - 4 - 4 7	Canting 440 07/09/3 Finding District		war and decidence	46.	- (

4. 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 true 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 phanged, or on an attachment with an address.

SIGNATURE

URE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(813) 223-7798