

3-16-98 3 3296 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000002265 (2)**
1. Corporation Name

AQUAPURE ENTERPRISES, INC.

Principal Place of Business

**2000 ROYAL MARCO WAY
303
MARCO ISLAND FL 34145**

Mailing Address

**P.O. BOX 1516
MARCO ISLAND FL 34146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2000 ROYAL MARCO WAY		26 P.O. BOX 1516		01/02/1996	
22 Suite, Apt. #, etc. 303		27 Suite, Apt. #, etc.		4. FEI Number 65-0630162	
23 City & State MARCO ISLAND, FL		28 City & State MARCO ISLAND, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip 34145		29 Zip 34146		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**SCHIERING, JAMES L
2000 ROYAL MARCO WAY #303
MARCO ISLAND FL 33937**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

James L Schiering
Signature, typed or printed name of registered agent and title if applicable

JAMES L. SCHIERING

(NOTE: Registered Agent signature required when reinstating)

3/11/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHIERING, BARBARA G	1.2 NAME	
STREET ADDRESS	2000 ROYAL MARCO WAY #303	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHIERING, JAMES	2.2 NAME	
STREET ADDRESS	2000 ROYAL MARCO WAY #303	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 34145	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Barbara G. Schiering* **BARBARA G. SCHIERING**
PRESIDENT 3/11/98 (94) 642-191

CR2E034 (10/97)