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Apr 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000018971

1. Corporation Name
WEST COAST WATERWORKS, INC.

Principal Place of Business 115 WEST OLYMPIA AVENUE PUNTA GORDA FL 33950	Mailing Address 115 WEST OLYMPIA AVENUE POST OFFICE DRAWER 511447 PUNTA GORDA FL 33951-1447
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4370 Conway Blvd	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Port Charlotte, FL	28 City & State
24 Zip 33952	25 Country 29 USA

3. Date Incorporated or Qualified 02/28/1997	4. FEI Number 65-0731885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

HACKETT, JACK O II
115 WEST OLYMPIA AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
William Saunders

82 Street Address (P.O. Box Number is Not Acceptable)
4370 Conway Blvd

83

84 City
Port Charlotte FL 85 Zip Code
33952

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPT <input checked="" type="checkbox"/> DELETE	NAME CURTIS, CHRISTIAN	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2556 STARLITE LANE	CITY-ST-ZIP PORT CHARLOTTE FL 33952	1.2 NAME	
TITLE VSD <input type="checkbox"/> DELETE	NAME SAUNDERS, WILLIAM	1.3 STREET ADDRESS	
STREET ADDRESS 1216 INVERNESS STREET	CITY-ST-ZIP PORT CHARLOTTE FL 33952	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE DPVTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME SAUNDERS William	
TITLE	NAME	2.3 STREET ADDRESS 4370 CONWAY BLVD	
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP PORT CHARLOTTE FL 33952	
TITLE	NAME	3.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *William Saunders* SIGNATURE REQUIRED
 4-12-99 (94) 629-9308
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)