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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # S08401

(9)

CONTINENTAL WATER COMPANY  Principal Place of Business Mailing Address  1998 N.E. 150 STREET NORTH MIAMI FL 33181-1116  NORTH MIAMI FL 33181-1116					3, Date Incorporated or Qualified 10/23/1990 10/23/1995			
2. Principa! F	Place of Business	2a. Mailing Add	dress			4. FEI Number	1 0414	Applied For
1		26				65-0227339	<b>⊢</b>	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt.	#, etc.				\$8.7	5 Additional
2		27				5. Certificate of Status Desired		e Required
City & Stat	te	City & State	0			6. Election Campaign Financing	_ \$5.	00 May Be
3		28				Trust Fund Contribution		ded to Fees
<b>Z</b> ip	Country	Zip	c	ountry		8. This corporation has liability for i	intangible tax under	s 199.032,
4	25	29	30				□ No	
	9. Name and Address of Currer	nt Registered Agen	t	81	Name	10. Name and Address of New R	egistered Agent	
KRISS, RONALD A. SUITE 3400 ONE BISCAYNE TOWER 2 SOUTH BISCAYNE BLVD. MIAMI FL 33131  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute				82 83 84	City	ess (P.O. Box Number is Not Acceptab	FL  85	Zip Code
SIGNATURE  12.  THLE  NAME	D	ID DIRECTORS	TLETE 1.	3. 1 TITLE	I signature requires	d which reinstatings ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC Chang	
STREET ADDRESS		n.	1.3		ADDRESS			
CHTY - ST - ZIP TITLE	NORTH MIAMI FL			1 CITY-S 1 TITLE	T - ZiP		Chang	e
NAME Street address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	23	NAVIE	ADDRESS		crang	s
CITY - ST - ZIP	NORTH MIAMI FL	·	<i>p</i>	CITY-S	T- ZIP		. <u> </u>	·····
MILE	D			1 TITLE			☐ Chang	e 🔲 Addition
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STREET ADDRESS					ADDRESS			
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NAME				2 NAVE				
STREET ADDRESS					ADDRESS			
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STREET ADDRESS					ADDRESS			
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HILF		LJ U		1 TITLE			☐ Chang	e [] Addition
AME				NAME				
STREET ADDRESS					ADDRESS			
017 - ST - ZIP 14 - Lido bere	by certify that the information supplied	with this these is value		CITY-S	<del></del>	or the evention stated in Postion 440	07/21/10 Etorida Ct-	han I forther
certify that oath; that	of the information indicated on this annut I am an officer or director of the corpor in Block 12 or Block 13 if changed, or	ual report or supplemoration or the receive	nental annual repo r or trustee empoy	rt is tru	e and accura	te and that my signature shall have the	same legal effect as	if made under

INTEO NAME OF SCHILLE OFFICER OR DIRECTOR