Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90012 024 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S08401

1. Corporation Name

CONTINI	ENTAL WATER COMPANY						
Principal Place	e of Business	Mailing Address				III OKUUT UIUEN VIUN UIUEN A	((0 1) 1 00)
1998 N.E. 150 STREET 1998 N.E. 150 STREET NORTH MIAMI FL 33181-1116 NORTH MIAMI FL 33181-1116							
					DO NOT WRITE IN TI	HIS SPACE	
		•			3. Date Incorporated or Qualified		
					10/23/1990		
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied	d For
26					65-0227339	Not Ap	plicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5. Certifcate of Status Desired	\$8.75 Addit	
22	·	27			J. Schlicks of States 2 2 2	Fee Requir	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May	
23		28	0		Trust Fund Contribution	Added to Fe	es
Zip	Country	Zip	Country	1	8. This corporation owes the current year	Intangible	No.
24	. [25]	29 3	01		Personal Property Tax. 10. Name and Address of New Register		-
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Kegister	en Agent	
KRISS, RONALD A.			Ľ.	ITUINO		W= 11	
SUITE 3400 ONE BISCAYNE TOWER			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2 SOUTH BISCAYNE BLVD.			83				
MIAMI FL 33131							
			84	City		ZL 85 Zip Code	э
office or r agent. I a SIGNATURE	m familiar with, and accept the obligate	ons of, Section 607.0505, Florid	ia Statutes		on's board of directors. I hereby accept the ap		, ieu
			•	glatered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			IN 12
TITLE	H-70		1.1 TITLE		ADDITIONS/01/ANGES TO OFFICER	Change [Addition
NAME	JACKSON, EDWIN SMITH JR.						1
STREET ADDRESS	i i			TADDRESS			
CITY+ST+ZIP	A STATE OF THE STA		1.4 CITY-S				
TITLE	A-845		2.1 TITLE	·		Change [Addition
NAME	I		2.2 NAME				ļ
STREET ADDRESS	AGGA NE AGG CAREER		2.3 STREE	TADDRESS			Ì
CITY-ST-ZIP	NORTH MIAMI FL		2. 4 CITY-5	ST-ZIP			
TITLE		DELETE	3.1 TITLE			Change [Addition
NAME			3.2 NAME		. ,		Į
STREET ADORESS			3.3 STREE	TADDRESS			-
C/TY-ST-ZIP			3.4. CITY-5	ST-ZIP	·		
TITLE	☐ DELETE 4.1 T		4.1 TITLE			☐ Change [Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP	•		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change [Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			1

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 suppliemental 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP :

Change

Addition