

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K83405 (6)

1. Corporation Name

AAA WATER SYSTEMS OF PALM BEACH COUNTY, INC.



Principal Place of Business

Mailing Address

14587 SOUTHERN BLVD.
LOXAHATCHEE FL 33470
US

16243 E. CHELTENHAM DR.
LOXAHATCHEE FL 33470
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/26/1989	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0115523	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOTTHELF, DEBORAH M.
16243 E. CHELTENHAM DR.
LOXAHATCHEE FL 33470**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANASH, VIRGINIA M.	1.2 NAME	
STREET ADDRESS	1107 ROYAL PALM BCH BLVD	1.3 STREET ADDRESS	4225 COLLIN DRIVE
CITY, ST, ZIP	ROYAL PALM BCH. FL	1.4 CITY, ST, ZIP	W.P.B. FL 33406
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTHELF, DEBORAH M.	2.2 NAME	
STREET ADDRESS	1107 ROYAL PALM BCH BLVD	2.3 STREET ADDRESS	16243 E. Cheltenham DR.
CITY, ST, ZIP	ROYAL PALM BCH. FL	2.4 CITY, ST, ZIP	Loxahatchee FL 33470
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTTHELF, WILLIAM R.	3.2 NAME	
STREET ADDRESS	1107 ROYAL PALM BCH BLVD	3.3 STREET ADDRESS	16243 E. Cheltenham DR.
CITY, ST, ZIP	ROYAL PALM BCH. FL	3.4 CITY, ST, ZIP	Loxahatchee FL 33470
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANASH, STANLEY A.	4.2 NAME	
STREET ADDRESS	1107 ROYAL PALM BCH BLVD	4.3 STREET ADDRESS	4225 COLLIN DRIVE
CITY, ST, ZIP	ROYAL PALM BCH. FL	4.4 CITY, ST, ZIP	W.P.B. FL 33406
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Deborah M. Gotthelf* **Deborah M. Gotthelf** 3.7.96 (407) 795-2668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)