## 5-16-97 B- 1433 NC FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

401

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9500096656 (0)

WATER RECYCLING, INC.

appears in Block 12 or Bio

Principal Place of Business Mailing Address							1 100/1654 340 10101 01111 00111 00111 00111 01110 15/10 01110 01161 01170 0111 1001	
35 NORTH PARRAMORE AVENUE ORLANDO FL 32801			35 NORTH PARRAMORE AVENUE ORLANDO FL 32801-2208					
				•			3. Date Incorporated or Qualified 3a. Date of Last Report	
9 Drinning Di	ace of Business	20	Mailing Address				12/21/1995 05/01/1996 4. FEI Number   Applied For	$\dashv$
z. Principal Pi	ace of positioss	26	Maning Maaress				59-3353123 Not Applicable	0
Sulte, Apt.	# etc.	1201	Suite, Apt. #, etc.				SR 75 Additional	
22		27					5. Certificate of Status Desired Fee Required	
City & State	9	],	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution	4
Zip	Country Zip Cr 25 29 30			h	ıntry		8. This corporation has fiability for intangible tax under s. 199.032, Florida Statutes Yes No	-
	9. Name and Address of Curre		tered Agent		J	FF 5-182-T	10. Name and Address of New Registered Agent	-
SHAL	MONS, CLEATOUS J				81	Name		
215 NORTH EOLA DRIVE				82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32801					83			
					0.5			
					84	City	FL 85 Zip Code	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	o of Hari	da. Such chance wa	s authorize	d hv	∠the corporat	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	1
SIGNATURE		,						
	Signature, typed or printed name of registered as OFFICERS AN			OIL Registoro	d Age	od signature requir	pured when renstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. TITLE	D OFFICERS AP	NU LAINE.	DLLETE	1.1.1			Change Additio	n-l
NAME	CIROTTI, LOUIS			1.2 N			<del>-</del> · · · -	
STREET ADDRESS	35 N. PARRAMORE AVENUE			I '		ADORESS		
CITY-ST-ZIP	ORLANDO FL 32801				1.# CITY - ST - ZIP			İ
TITLE	Oldowic oppor		DELFIE	217			Change Additio	'n
NAME				2.2 NA				
STREET ADDRESS				2.3 S	1866	ADDRESS		
CITY-ST-ZIP				2.40	UTY-	ST-ZiP		
TITLE			DELETE	3.1 T	ITL F		Change Additio	'n
NAME				3≱N	IAME			
STREET ADDRESS				3.9 S	THEET	LAUDRESS		ļ
CITY-ST-ZIP				34.0	DITY-	\$1 - 7 IP		_
TITLE	<u> </u>		DELETE	4.1.1	ITLE		Change Addition	۰ ا
NAME				4.21	MAP			
STREET ADDRESS				4.8 S	TREF	ADDRESS		-
City-St-ZIP						S1-7IP	Manual III area	{
TITLE			DELETE	5.11			Change Addition	n
NAME				5.P N				
STREET ADDRESS				1		LADORESS		
CITY-ST-ZIP			T Section			ST - 7(P	Change Addition	
TITLE			DELLTE	61 T			L] Change L] Addition	"
NAME					IAME			
STREET ADDRESS				6.3.5	FIREL	LADDRESS	1	ļ

64 CHY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Socion 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental rinual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conformation or the repeit or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name