

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **134537** (0)  
1. Corporation Name  
**UNITED WATER FLORIDA, INC.**

Principal Place of Business <b>1400 MILCOE ROAD JACKSONVILLE FL 32225 US</b>	Mailing Address <b>C/O UNTD. WATER RE. - ATTN:GW ACCTING MAN. 200 OLD HOOK ROAD HARRINGTON PARK NJ 07640</b>
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FILED  
May 07 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/05/1937</b>	
21		26		4. FEI Number <b>59-1053258</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	

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	<b>TD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURNER, JOHN J.</b>	1.2 NAME	
STREET ADDRESS	<b>200 OLD HOOK ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRINGTON PARK NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENSCH, RICHARD A.</b>	2.2 NAME	<b>CHARDVOYNE, DAVID</b>
STREET ADDRESS	<b>200 OLD HOOK ROAD</b>	2.3 STREET ADDRESS	<b>200 OLD HOOK ROAD</b>
CITY-ST-ZIP	<b>HARRINGTON PARK NJ</b>	2.4 CITY-ST-ZIP	<b>HARRINGTON PARK, NJ</b>
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAKLEY, ALLAN D.</b>	3.2 NAME	
STREET ADDRESS	<b>200 OLD HOOK ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRINGTON PARK NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARDEVOYNE, DAVID E</b>	4.2 NAME	<b>CHARDVOYNE, DAVID</b>
STREET ADDRESS	<b>200 OLD HOOK RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HARRINGTON PARK NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNIOALLI, SAMBAMURTHI</b>	5.2 NAME	<b>MUNIPALLI, SAMBAMURTHI</b>
STREET ADDRESS	<b>1400 MILCOE ROAD, P.O. BOX 8004</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>AS HJELM, CARLA</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>200 Old Hook Road</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Harrington Park, NJ</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE:

*Allan D. Shakley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/98 201-767-2897  
Date Daytime Phone #

CR2E034 (10/97)