

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 184396 (0)
1. Corporation Name
UNITED WATER SOUTH GATE INC.

Principal Place of Business
2746 SIESTA DR
SARASOTA FL 34239
US

Mailing Address
C/O UNTD. WATER RE. - ATTN:GW ACCTING MAN.
200 OLD HOOK ROAD
HARRINGTON PARK NJ 07640



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1955	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0803703	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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	V	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MUNIPALLI SAMBAMURTHI			1.2 NAME			
STREET ADDRESS	P.O. BOX 8004, 1400 MILLGATE RD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARDEVOYNE, DAVID E			2.2 NAME			
STREET ADDRESS	200 OLD HOOK RD			2.3 STREET ADDRESS			
CITY - ST - ZIP	HARRINGTON PARK NJ			2.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNER, JOHN J.			3.2 NAME			
STREET ADDRESS	200 OLD HOOK RD			3.3 STREET ADDRESS			
CITY - ST - ZIP	HARRINGTON PARK NJ			3.4 CITY - ST - ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENSON, RICHARD A.			4.2 NAME	MUNIPALLI SAMBAMURTHI		
STREET ADDRESS	200 OLD HOOK RD			4.3 STREET ADDRESS	PO BOX 8004, 1400 MILLGATE ROAD		
CITY - ST - ZIP	HARRINGTON PARK NJ			4.4 CITY - ST - ZIP	JACKSONVILLE, FL		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAKLEY, ALLAN D.			5.2 NAME			
STREET ADDRESS	200 OLD HOOK RD			5.3 STREET ADDRESS			
CITY - ST - ZIP	HARRINGTON PARK NJ			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				6.2 NAME	HSCLM, CARLA		
STREET ADDRESS				6.3 STREET ADDRESS	200 Old Hook Rd.		
CITY - ST - ZIP				6.4 CITY - ST - ZIP	Harrington Park, NJ.		

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 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:

[Signature]

4/20/98 201-767-2897

CR2E034 (10/97)