FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 288966 (5)

1. Corporation Name
CAPRICE INC

Principal Place of Business
5853 S W 73RD ST
SOUTH MIAMI FL 33143

Mailing Address
5853 S W 73RD ST
SOUTH MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1965
3a. Date of Last Report: 04/11/1994
4. FEI Number: 59-1093128 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

PAT BOHN
5853 SW 73RD ST
S MIAMI FL 33143

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BOHN,PATRICIA N	12 NAME	
STREET ADDRESS	5853 S.W. 73RD STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Patricia Bohn 5/1/95 (305) 667-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ PATRICIA BOHN President

0166420 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 291141 (0)

1. Corporate Name

FLORIDA CITIES WATER COMPANY

Principal Place of Business	Mailing Address
4837 SWIFT RD SARASOTA FL 34231	4837 SWIFT RD SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1965

3a. Date of Last Report: 04/19/1994

4. FEI Number: 59-1094814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 21 / Suite, Apt # 22 / City & State 23 / Zip 24 / County 25

2a. Mailing Address 26 / Suite, Apt # 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GORDON, ROBERT B
255 ALHAMBRA CIR
9TH FLOOR
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PCB~~	TITLE	P/D ☒ Change ☐ Addition
NAME	GORDON, ROBERT B	NAME	
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	
TITLE	~~EVP~~	TITLE	V/D ☒ Change ☐ Addition
NAME	BRADTMILLER, PAUL	NAME	
STREET ADDRESS	4837 SWIFT RD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	~~SVP~~	TITLE	V/T ☐ Change ☒ Addition
NAME	~~OVERTON, JOHNNIE~~	NAME	MURPHY, MICHAEL
STREET ADDRESS	4837 SWIFT RD	STREET ADDRESS	4837 SWIFT RD., # 200
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	CAS	TITLE	☐ Change ☐ Addition
NAME	SCHIFANO, JOSEPH	NAME	
STREET ADDRESS	4837 SWIFT RD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	CITY-ST-ZIP	
TITLE	~~AS~~	TITLE	S ☐ Change ☒ Addition
NAME	~~ALONSO, MAYRA~~	NAME	CHUBBUCK, ANITA J.
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	4837 SWIFT RD., # 200
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	~~TG~~	TITLE	D ☐ Change ☒ Addition
NAME	~~MILLER, SHARI~~	NAME	MCNAIRY, CHARLES
STREET ADDRESS	255 ALHAMBRA CIRCLE	STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP	CORAL GABLES, FL

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)(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: Robert B Gordon 4/10/95 305-442-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROBERT B. GORDON, PRESIDENT

Date / Daytime Phone

0330743 CP