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Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **291141** (0)  
1. Corporation Name  
**FLORIDA CITIES WATER COMPANY**

Principal Place of Business <b>4837 SWIFT RD SUITE 100 SARASOTA FL 34231</b>	Mailing Address <b>4837 SWIFT RD SUITE 100 SARASOTA FL 34231-5157</b>
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3. Date Incorporated or Qualified <b>03/22/1965</b>	3a. Date of Last Report <b>05/01/1996</b>
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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	4. FEI Number <b>59-1094814</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALLEN, GERALD S  
4837 SWIFT RD  
SUITE 100  
SARASOTA FL 34231**

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

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  **Gerald S. Allen P/D/C** DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>D GORDON, ROBERT B</b> STREET ADDRESS <b>255 ALHAMBRA CIRCLE</b> CITY - ST - ZIP <b>CORAL GABLES FL</b>	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>P/D/C</b> 1.3 STREET ADDRESS <b>ALLEN, GERALD S.</b> 1.4 CITY - ST - ZIP <b>4837 SWIFT RD., #100 SARASOTA FL 34231</b>
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>VD BRADTMILLER, PAUL</b> STREET ADDRESS <b>4837 SWIFT RD</b> CITY - ST - ZIP <b>SARASOTA FL</b>	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>V/D</b> 2.3 STREET ADDRESS <b>ACOSTA, MICHAEL</b> 2.4 CITY - ST - ZIP <b>4837 SWIFT RD., #100 SARASOTA FL 34231</b>
TITLE <input type="checkbox"/> DELETE NAME <b>VT MURPHY, MICHAEL</b> STREET ADDRESS <b>4837 SWIFT RD. #200</b> CITY - ST - ZIP <b>SARASOTA FL</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS <b>4837 SWIFT RD., #100</b> 3.4 CITY - ST - ZIP <b>34231</b>
TITLE <input type="checkbox"/> DELETE NAME <b>CAS SCHIFANO, JOSEPH</b> STREET ADDRESS <b>4837 SWIFT RD</b> CITY - ST - ZIP <b>SARASOTA FL</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS <b>4837 SWIFT RD., #100</b> 4.4 CITY - ST - ZIP <b>34231</b>
TITLE <input type="checkbox"/> DELETE NAME <b>S CHUBBUCK, ANITA J.</b> STREET ADDRESS <b>4837 SWIFT RD., #200</b> CITY - ST - ZIP <b>SARASOTA FL</b>	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS <b>4837 SWIFT RD., #100</b> 5.4 CITY - ST - ZIP <b>34231</b>
TITLE <input type="checkbox"/> DELETE NAME <b>D MCNAIRY, CHARLES</b> STREET ADDRESS <b>255 ALHAMBRA CIRCLE</b> CITY - ST - ZIP <b>CORAL GABLES FL</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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  **Gerald S. Allen P/D/C** 041 025 2088

CR2E034 (9/96)