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Feb 05 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 # **341487**

(7)

1. Corporation Name

HOBE SOUND WATER COMPANY

Principal Place of Business

BOX 68
RIVER RD.
HOBE SOUND FL 33475-0068

Mailing Address

BOX 68
RIVER RD.
HOBE SOUND FL 33475-0068



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 11844 S.E. Dixie Hwy.	26 P.O. Box 68	3. Date Incorporated or Qualified 02/12/1969	
22 Suite, Apt. #, etc. Ste. C	27 Suite, Apt. #, etc.	4. FEI Number 59-1233001	
23 City & State Hobe Sound, FL	28 City & State Hobe Sound, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33455	25 Country Martin	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 33475	30 Country Martin	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

BROWN, JANET L.
11844 SE DIXIE HWY
HOBE SOUND FL 33455

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

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	PD	1.1 TITLE	
NAME	REED, NATHANIEL	1.2 NAME	
STREET ADDRESS	RIVER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	REED, ADRIEN P.	2.2 NAME	
STREET ADDRESS	BEACH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	BROWN, JANET L	3.2 NAME	
STREET ADDRESS	11844 SE DIXIE HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	CARFINE, MICHAEL	4.2 NAME	
STREET ADDRESS	20 WINDSOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: X

[Signature]
NATHANIEL REED

1/30/98

561-546-2511

CR2E034 (10/97)