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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90181 014 ***150.00

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DOCUMENT # 459731

AQUA-SOFT REFINED WATER, INC.

		NATION Address					
Principal Place of Business Mailing Address							
7435 U S 19 NEW PORT RICHEY FL 34652		7435 U S 19 NEW PORT RICHEY FL 34352			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	
						08/16/1974	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Nu nber	App ied For
24	1200 0. 223.11000	26				59-1547723	Not Applicable
Suite, Ap≀t.	# etc.	Suite, Apt. #, etc.				\$8.7	5 Additional
22		27			I & Codifor to at Statue Degreed I I	Required	
City & State		City & State			6. Election Campaign Financing 55.	00 May Be	
23		28			· · · · · · · · · · · · · · · · · · ·	ed to Fees	
Zip	Country	Zip	Coun	ntry		8. This corporation owes the current year Intangible	
24	25	29 30			Personal Property Tax.		
	9. Name and Add ess of Curren					10. Name and Address of New Registered Agent	
				81	Name		
DUN	ILEAVY, JAMES J		-				
7435	5 U S 19		[82	Street Acd	ress (P.O. Box Number is Not Acceptable)	
NEW	PORT RICHEY FL 33552		<u> </u>	83			
			L	l_			
			[]	84	City	FL 85 2	Zip Code
office cru	registered agent or horb, in the State.	of Florida, Such change was	nuthorized	by th	named ccrp	poration submits this statement for the purpose of changing ion's board of clirectors. I hereby accept the appointment a	its registered s registered
agent. La	am familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Statu	tes.	·	• • • • • • • • • • • • • • • • • • • •	
SIGNATURE							
	Signature, typed or printed name of registered ager		_ 	Agent si	ignature require	ed when reinstating) DATE	OTODE IN 12
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIREC	
TITLE	V	☐ DELETE 1.1 TI				L) Cital	igeAddition
NAME	DUNLEAVY, JOHN		1.2 NAM	ME			
STREET ADDRESS			1.3 STR	REET AL	DDRESS [
CITY-ST-ZIP	NEW PORT RICHEY, FL33552		1.4 CIT	Y-ST-Z	ZIP		
TITLE	V	☐ DELETE	2.1 TITL	LE		☐ Char	ige Addition
NAME	DUNLEAVY, ROSE MARY		2 2 NAM	ME			
STREET ADDRESS	1941 GEORGIA STREET		2.3 STR	REETA	DDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 33533		2. 4 CIT	Y-ST-	ZIP		
TITLE	P	☐ DELETE	31 TITL	LE		Char	ige
NAME	DUNLEAVY, JAMES J		3.2 NAM	ME			
STREET ADDRESS	1941 GEORGIA STREET		3.3 STR	REET A	DDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 33533		3.4. CIT	Y-ST-2	ZIP		
TITLE		☐ DELETE	4.1 TITL			☐ Char	ige Addition
NAME			4 2 NA	ME			
STREET ADDRESS	,		4.3 STR	REET A	DDRESS		
CITY-ST-ZIP			4.4 CIT				
TITLE	1			TITLE		☐ Char	ge Addition
NAME			5.2 NAM	ME			
STREET ADDR :SS		-	5.3 STR	REET A	DDRESS		
	Ί		5,4 CIT	Y-\$T-2	ZIP		
CITY-ST-ZIP TITLE	 	☐ DELETE	6.1 TITL			Char	nge Addition
NAME		<u></u>	62 NAA	ME		~	
STREET ADDRESS					DDRESS	•	
NEED ADDIE -SS	N F		4.5.5()				

6.4 CITY-ST-ZIP 14. I here y 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 coath; 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: