

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 579681 (8)

1. Corporation Name
ATLANTIC COAST WATER CONDITIONING, INC.



Principal Place of Business: 3181 S. DIXIE HWY. STUART FL 34997-2072
 Mailing Address: 3181 S. DIXIE HWY. STUART FL 34997-2072

3. Date Incorporated or Qualified: 07/20/1978
 3a. Date of Last Report: 02/17/1995
 4. FEI Number: 59-1832262 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 State, Apt. #, etc: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 State, Apt. #, etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEARD, JAMES C.
 3181 S DIXIE HWY
 STUART FL 34997-2072

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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, Sections 607.0505, Florida Statutes.

SIGNATURE: _____ (Name, Title, and Address of Signer) DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD HEARD, JAMES C. 3181 S DIXIE HWY STUART FL	<input type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, PATRICIA A. 3181 S DIXIE HWY STUART FL	<input checked="" type="checkbox"/> DELETE	2. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			2.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *James C. Heard*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES C HEARD

2-14-96 4672834767
 DATE OF FILING OFFICE FILE #

CR2E034 (12/95)