

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

FILED

Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **828311** (1)  
1. Corporation Name  
**CONSOLIDATED WATER COMPANY**

Principal Place of Business <b>4837 SWFT RD. SUITE 100 SARASOTA FL 34231</b>	Mailing Address <b>4837 SWFT RD. SUITE 100 SARASOTA FL 34231-5157</b>
---	--

2. Principal Place of Business 21 <b>4837 SWIFT RD.</b> Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 <b>4837 SWIFT RD.</b> Suite, Apt #, etc. 27 City & State 28 Zip Country 29
---	--

3. Date Incorporated or Qualified <b>07/18/1972</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>36-2365089</b>	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent  
**ALLEN, GERALD S  
4837 SWFT RD.  
SUITE 100  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4837 SWIFT RD.**  
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  **Gerald S. Allen P/D/C** DATE

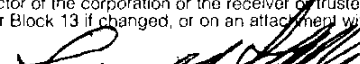
12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>GORDON, ROBERT B</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GETMAN, DENNIS J.</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE,</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MCAIRY, CHARLES L</b>
STREET ADDRESS	<b>255 ALHAMBRA CIRCLE</b>
CITY - ST - ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>ALLEN, GERALD S.</b>
STREET ADDRESS	<b>4837 SWIFT ROAD., #200</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>VT</b> <input type="checkbox"/> DELETE
NAME	<b>MURPHY, MICHAEL</b>
STREET ADDRESS	<b>4837 SWIFT RD., #200</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CHUBBUCK, ANITA</b>
STREET ADDRESS	<b>4837 SWIFT RD., #200</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<b>P/D/C</b> <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>
5.1 TITLE	<input 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>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>4837 SWIFT RD., #100</b>
6.4 CITY - ST - ZIP	<b>34231</b>

14. I do 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  **Gerald S. Allen P/D/C** 041-025-2088

CR2E034 (9/96)