

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

FILED  
Feb 18 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 # 828311 (1)  
1. Corporation Name  
CONSOLIDATED WATER COMPANY

Principal Place of Business

4837 SWFT RD.  
SUITE 100  
SARASOTA FL 34231

Mailing Address

4837 SWFT RD.  
SUITE 100  
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1972	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 36-2365089	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 in printed name of registered agent and then, if applicable,

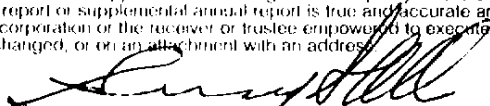
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GORDON, ROBERT B		1.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE		1.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GETMAN, DENNIS J.		2.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE,		2.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		2.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCAIRY, CHARLES L		3.2 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE		3.3 STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES FL		3.4 CITY - ST - ZIP		
TITLE	PDC	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, GERALD S.		4.2 NAME		
STREET ADDRESS	4837 SWIFT ROAD., #100		4.3 STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34231		4.4 CITY - ST - ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURPHY, MICHAEL		5.2 NAME		
STREET ADDRESS	4837 SWIFT RD., #100		5.3 STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34231		5.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHUBBUCK, ANITA		6.2 NAME		
STREET ADDRESS	4837 SWIFT RD., #100		6.3 STREET ADDRESS		
CITY - ST - ZIP	SARASOTA FL 34231		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:



Gerald S. Allen PDC 1/27/98 (941)925-3088

CP2E034 (1097)