

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 832278

(6)

1. Corporation Name

AQUAFILTER CORPORATION

Principal Place of Business

6601 N. ANDREWS AVENUE
P. O. BOX 5378
FT. LAUDERDALE FL 33310

Mailing Address

6601 N. ANDREWS AVENUE
P. O. BOX 5378
FT. LAUDERDALE FL 33310-5378



3. Date Incorporated or Qualified
05/01/1974

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 4880 HAVANA ST.

Suite, Apt. #, etc.

22 P.O. Box 39-5

City & State

23 DENVER, CO

Zip

24 80239

Country

25 USA

2a. Mailing Address

26 4880 HAVANA ST.

Suite, Apt. #, etc.

27 P.O. Box 39-5

City & State

28 DENVER, CO

Zip

29 80239

Country

30 USA

4. FEI Number

84-0660209

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AT DONOHUE, DENNIS
6601 N ANDREWS AVE
FT LAUDERDALE, FL 00000

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

CD GOLDSTIEN, JEROME J
4880 HAVANA ST
DENVER, CO 00000

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSD ANDERSON, CAROLYN J
4880 HAVANA ST
DENVER, CO 00000

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD SHEPARD, BARRY
4880 HAVANA ST
DENVER, CO 00000

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD GOLDSTEIN, MARK E.
4880 HAVANA ST.
DENVER CO

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

V HINKLE, JEFFERY R
4880 HAVANA ST
DENVER CO 80239

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97

203-772-4860

0298473

CR2E034 (9/96)