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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

STATE

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Secretary of Sta DIVISION OF CORPOR

1997

SIGNATURE:

DOCUMENT # F18711

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ASIT WATER TREATMENTS BUSINESS CONSULTANT CORPOR

Principal Place of Business	Mailing Address
CORPORATION	CORPORATION
306 E BOYNTON BCH. BLVD.	306 E BOYNTON BCH. BLVD.
BOYNTON BEACH FL 33435	BOYNTON BEACH FL 33433-3842

FILED Apr 21 1997 8:00am Secretary of State



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Principal Place	e of Business	Mailing Address				 	
306 E BOYNTON BCH. BLVD.			CORPORATION 306 E BOYNTON BCH. BLVD. BOYNTON BEACH FL' 33435-3942				
pomiron pe			,		 Date Incorporated or Qualified 02/09/1981 	3a. Date of Last 04/11/1996	•
Ä '	lace of Business	2a, Mailing Address			4. FEI Number	I I	Applied For
Ц		26			59-2047970		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc). 		5. Certificate of Status Desired		Additional Required
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees
Z ₁ p	Country	Zip	Count	ry	8. This corporation has liability for i	ntangible tax under	s. 199,032,
4	25	29	30			Yes No	
	g. Name and Address of Curre	int Registered Agent		41 11	10. Name and Address of New Re-	gistered Agent	
	SCHIA, FRANCESCO		8	1 Name			
	E BOYNTON BEACH BLVD.		j a	2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
BO	YNTON BEACH FL 33435		ļ.,				
			8	3			
			<u> </u>	4 City_		- 85 Zi	o Code
				\mathcal{N}		FL	
 Pursuant office or r 	to the provisions of Sections 607.056	02 and 607,1508, Florida \$	Statutes, the abo	ve-named dorp	poration sulforts this statement for the p tion's beard of directors. I hereby accep	ourpose of changing	its registered
agent la	rn familiar with, and accept the oblig	gations of, Section 607.050	5, Florida Statut	Selve O	10V 1	77.27	ia registores
		ı	1		**************************************	111 121 4	1
IGNATURE 1	FRANCESCO D'IS	ehia	v	h h		1 7 1 1 1	
ignature ¹	Signature, typed or printed name of registered ag	gent and title if applicable	(NOTE: Registered A	ger signature req	red when reinstating)	DATE	
2.	Signature, typed or printed name of registered ag OFFICERS AN	gent and title if applicable ND DIRECTORS	13.	1	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
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