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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F86481

(1)

PURE DRINKING WATER SYSTEMS, INC.

FILED May 04 1998 8:00am Secretary of State

					1 <u> </u>
Principal Place	of Business	Mailing Address			T VARNIDO NEK IDITO DENE DIBAK IDITO AND
827 TORTOISE WAY PO BOX 372321 SATELLITE BCH. FL 32837 US US US US			7		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
					06/23/1982
2. Principal Place of Business		2a. Mailing Address 26 627 TORTOISE WAY		1.10.4	4. FEI Number Applied For Not Applied For
21 Suite, Apt. #.	elc:	26 (QQ / /ORTO Suite, Apt. #, etc.	1120	WAY	SR 75 Additional
22	•••	27			5. Certificate of Status Desired Fee Regulred
City & State		City & State 28 S G tellite	Bec	rch Fl	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25		30	VS	Personal Property Tax due June 30. Yes No
	Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
COL	L i ns, julia W		8	Name	
627 TORTOISE WAY				Street Addre	ess (P.O. Box Number is Not Acceptable)
SATELLITE BEACH FL 32937					
			8	33	
			8	64 City	85 Zip Code
44 5	No. of Continue CO7.0	100 and CO7 1000 Florida Contra	n the she	nuo nagad apro	oration submits this statement for the purpose of changing its registered
office or rec	the provisions of Sections 607.0. intered agent, or both, in the Sta	ite of Florida, Such change was at	uthorized	by the corporati	ioration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
1	tantillar with, and accept the ob-	igations of, Section 607.0505, Flor	rida Statui	ies.	26 Apr. 1998
SIGNATURE	or flure, typed or pointed name of registered a	actions agent and title if applicable (NOTE	Registered /	Agorii signature require	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE	F	Change Addition
NAME	COLLINS, JULIA W		1.2 NAM	NE .	
STREET ADDRESS	627 TORTOISE WAY		1.3 STRE	EE1 ADDRESS	
CITY-ST-ZIP	<u>\$ATELLITE</u> BEACH FL		1.4 CITY	'- \$1-ZIP	
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thereby 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 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 conviction 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 charged, or on an attachment with an address.