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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F96000064960

1. Corporation Name

WATER EQUIPMENT TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
832 PIKE ROAD WEST PALM BEACH, FL 33411	

3. Date Incorporated or Qualified: SEPTEMBER 13, '96
3a. Date of Last Report: FIRST REPORT

2. Principal Place of Business
21 832 PIKE ROAD
Suite, Apt. #, etc. 22
City & State 23 WEST PALM BEACH, FL
Zip 24 33411 Country 25 USA

2a. Mailing Address
26 832 PIKE ROAD
Suite, Apt. #, etc. 27
City & State 28 WEST PALM BEACH, FL
Zip 29 33411 Country 30 USA

4. FEI Number: 34-1841661 ☐ 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
1200 SOUTH 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF OPERATING OFFICER LARRY STENGER 832 PIKE RD, W PALM BCH, FL 33411 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002077023--3 -02/04/97--01112--005 ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN, CHET ROSS 4100 HOLIDAY STREET, N.W. CANTON, OH 44718-2532 ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition ****165.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER, NANCY HAMMERLY 4100 HOLIDAY STREET, N.W. CANTON, OH 44718-2532 ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☒ Addition TREASURER MICHAEL J. VANTUSKO; 4100 HOLIDAY ST., N.W., CANTON, OH 44718-2532
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KATHLEEN DONATINI; 4100 HOLIDAY ST., N.W., CANTON, OH 44718-2532 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition A. Allw 1/31/97

CR2E034 (9/96)

14. I/We 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: Lawrence Stenger 1/20/97 (561) 684-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #