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000147

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90026 039 \*\*\*150.00

DOCUMENT # F97000006937

1. Corporation Name

WATERWORKS/PDS ASSOCIATES, INC.

Principal Place of Business

3800 NE 2ND AVE  
MIAMI FL 33137  
US

Mailing Address

29 PARK AVENUE  
DANBURY CT 06810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1997

2. Principal Place of Business

21 191 NE 40TH ST

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

22 SUITE 101

23 City & State

23 MIAMI FL

24 Zip Country  
33137 25 USA

27 City & State

28 Zip Country

29 30

4. FEI Number

06-0892677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH STREET - SUITE 300  
NORTH MIAMI BEACH FL 33162

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 PD ☐ DELETE

NAME SALLICK, A P  
STREET ADDRESS 29 PARK AVENUE  
CITY-ST-ZIP DANBURY CT 06810

TITLE EVSD ☐ DELETE

NAME SALLICK, BARBARA G  
STREET ADDRESS 29 PARK AVENUE  
CITY-ST-ZIP DANBURY CT 06810

TITLE D ☐ DELETE

NAME LERNER, MICHAEL  
STREET ADDRESS 29 PARK AVENUE  
CITY-ST-ZIP DANBURY CT 06810

TITLE V ☐ DELETE

NAME MCNAMARA, CYNTHIA M  
STREET ADDRESS 931 IVES FORM RD  
CITY-ST-ZIP BREWSTER NY 10509

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P. SALLICK, A P ☒ Change ☐ Addition

1.2 NAME SALLICK, A P  
1.3 STREET ADDRESS 203 GREENS FARMS RD  
1.4 CITY-ST-ZIP WESTPORT CT 06880

2.1 TITLE EVSD ☒ Change ☐ Addition

2.2 NAME SALLICK, BARBARA G  
2.3 STREET ADDRESS 169 KOKANZA ST  
2.4 CITY-ST-ZIP DANBURY CT 06810

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

*Cynthia M. McNamara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99 (203) 796-7561

CR2E034 (11/98)