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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # G06456

(9)

Mailing Address

U. S. PURE WATER TECHNOLOGY INC.

FILED
Apr 22 1998 8:00am
Secretary of State



1145 LUDLAM DRIVE P. O. BOX 673 MIAMI SPRINGS FL 33166-4345		1145 LUDLAM DRIVE P. O. BOX 673 MIAMI SPRINGS FL 33166-4345		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				10/29/1982	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2225482	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
I Univasiale		City & Stato		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
L ZIP			Country	8. This corporation owes or has paid the curr	rent year Intangible
24	25		0		Yes 🗌 No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent
NYE, DE NNIS			81 Name		
	03 TOURAINE DRIVE		62 Street Add	fress (P.O. Box Number is Not Acceptable)	
TA	ALLAHASSEE FL 32308			. ,	
			63		
			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					
12.	Signature, typed or printed name of registered age OFFICERS AN		Hegislored Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICENS AND	Change Addition
NAME	DION, W. MARTIN		1.2 NAME		C Change C Pagement
STREET ADDRESS	1145 LUDLAM DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		E cumbo E voculou
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME		<u> </u>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		i
CITY+ST-ZIP			6.4 CITY-ST-ZIP		
14. Thereby o	pertify that the information supplied wi	th this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further cer	tify 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.					