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FILED
May 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G63947

(7)

1. Corporation Name
RESIDENTIAL WATER SYSTEMS, INC.

Principal Place of Business

1732 NE 25 AVENUE
OCALA FL 34470
US

Mailing Address

P.O. BOX 5220
OCALA FL 34478-5220
US



3. Date Incorporated or Qualified
10/06/1983

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

59-2393057

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

FINNEY, ELAINE
740 RIDGEWOOD WAY
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name DE MENZES, CHARLES
82 Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 5220 - 1732 NE 25 AVE
83
84 City OCALA FL 85 Zip Code 34470

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

Charles de Menzes

CHARLES DE MENZES

4/10/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME FINNEY, ELAINE
STREET ADDRESS 740 RIDGEWOOD WAY
CITY-ST-ZIP WINTER SPRINGS FL

TITLE VST
NAME FINNEY, NANCY E.
STREET ADDRESS 1527 DESS DRIVE
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE P
3.2 NAME DE MENZES, CHARLES
3.3 STREET ADDRESS P.O. BOX 5220 - 1732 NE 25 AVE
3.4 CITY-ST-ZIP OCALA, FL 34478-5220

4.1 TITLE S/T
4.2 NAME MILLER, DEBORAH
4.3 STREET ADDRESS P.O. BOX 5220 - 1732 NE 25 AVE
4.4 CITY-ST-ZIP OCALA, FL 34478-5220

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E034 (9/96)