


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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G85374 (8)**  
 1. Corporation Name  
**AMERICAN WATER SCAPES INC.**



Principal Place of Business 4791 BAYWOOD POINT DR. S. GULFPORT FL 33711	Mailing Address 4791 BAYWOOD POINT DR. S. GULFPORT FL 33711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5401 2ND Ave NORTH</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5401 2ND Ave NORTH</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>02/15/1984</b>	
22 City & State 23 <b>ST Pete FLA</b>		27 City & State 28 <b>ST Pete FLA</b>		4. FEI Number <b>59-2364999</b> Applied For Not Applicable	
24 Zip <b>33710</b>		29 Zip <b>33710</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
26 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ANDERSON, RUTHANN</b> 4791 BAYWOOD POINT DR S GULFPORT FL 33711				10. Name and Address of New Registered Agent			
81 Name <b>SAME</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>5401 2ND Ave NORTH</b>			
83				84 City <b>ST Pete Fla FL</b> 85 Zip Code <b>33710</b>			

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: Ruthann Anderson (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE: Registered Agent signature required when reinstating)  
 DATE: 1/19/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ANDERSON, RALPH E.</b> <b>4791 BAYWOOD PT. DR. S.</b> <b>GULF PORT FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5401 2ND Ave NORTH</b> <b>ST Pete FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>HILTON, THOMAS</b> <b>4791 BAYWOOD PT DR S</b> <b>GULFPORT FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5401 2ND Ave NORTH</b> <b>ST Pete FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ANDERSON, RUTHANN</b> <b>4791 BAYWOOD PT. DR. S.</b> <b>GULF PORT FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5401 2ND Ave NORTH</b> <b>ST Pete FL 33710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Ralph E. Anderson (Signature and typed name)  
 DATE: 1/19/98 813-327-0683

CR2E034 (10/97)