FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Apr 01 1996 8:00 am
Secretary of State

DOCUMENT # **H26628** **(8)**

1. Corporation Name

EVERYTHING BUT WATER, INC.

Principal Place of Business
7332 GREENBRIAR PKWY
ORLANDO FL 32819

Mailing Address
7332 GREENBRIAR PKWY
ORLANDO FL 32819

3. Date Incorporated or Qualified: 10/23/1984
3a. Date of Last Report: 02/20/1995
4. FEI Number: 59-2468477 ☐ 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

2. Principal Place of Business
21 5615 Windhover Dr.
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL
Zip
24 32819
25 Country

2a. Mailing Address
26 5615 Windhover Dr.
Suite, Apt. #, etc.
27
City & State
28 Orlando, FL
Zip
29 32819
30 Country

9. **Name and Address of Current Registered Agent**

MARDER, MICHAEL
100 W. CYPRESS CREEK ROAD, STE 700
FT LAUDERDALE FL 33309

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	DVT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, DAVID A.		1.2 NAME	
STREET ADDRESS	5601 WINDHOVER DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, BETTIE		2.2 NAME	
STREET ADDRESS	5601 WINDHOVER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SIEGEL, STACEY		3.2 NAME	
STREET ADDRESS	7332 GREENBRIAR PKWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
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	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

Stacey Siegel, President 3/25/96

SIGNATURE: Catherine M. Conlan 3/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)