


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0108618

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # H37198</b>					
1. Corporation Name <b>AMERICAN WATER SYSTEMS, INC.</b>					
Principal Place of Business <b>405 S.W. 2ND ST. OKEECHOBEE FL 34974</b>			Mailing Address <b>405 S.W. 2ND ST. OKEECHOBEE FL 34974</b>		

**FILED**

99 JUL 20 PM 2:51

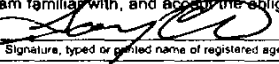
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/04/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2485198</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DECARLO, FRANK 405 S.W. 2ND STREET OKEECHOBEE FL 34974</b>				10. Name and Address of New Registered Agent	
				81 Name <b>Tony A. Corwin</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>405 S.W. 2nd Street</b>	
				83	
				84 City <b>Okeechobee</b> FL 85 Zip Code <b>34974</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  DATE **7.1.99**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DECARLO, FRANK</b>			1.2 NAME	<b>Corwin, Tony</b>		
STREET ADDRESS	<b>405 S.W. 2ND ST.</b>			1.3 STREET ADDRESS	<b>405 SW 2nd St.</b>		
CITY-ST-ZIP	<b>OKEECHOBEE FL</b>			1.4 CITY-ST-ZIP	<b>Okeechobee, FL 34974</b>		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DECARLO, SARAH</b>			2.2 NAME	<b>Corwin, Ruby</b>		
STREET ADDRESS	<b>4055 SW 2ND ST</b>			2.3 STREET ADDRESS	<b>405 SW 2nd St.</b>		
CITY-ST-ZIP	<b>OKEECHOBEE FL 34974</b>			2.4 CITY-ST-ZIP	<b>Okeechobee, FL 34974</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:  DATE **7.1.99** **941.763.3221**

CR2E034 (5/99)

**AMERICAN WATER SYSTEMS, INC.**  
405 S.W. 2<sup>ND</sup> STREET  
GULF BREEZE, FLORIDA 34974  
(941) 763-3221 PHONE (941) 763-7643 FAX

July 1, 1999

2

Department of State  
Annual Reports Filing  
PO Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir/Madam:

Please be advised that I recently received my 1999 Profit Corporation Annual Report Packet with a 2<sup>nd</sup> Notice stamp. I recently assumed this business at the end of last year and was not given the first notice from the previous owner. As a new business owner I was not aware of the time of year to expect this report. I am enclosing a check in the amount of \$150.00. If this is not acceptable, please advise before dissolving this corporation. I appreciate your consideration in this matter.

Sincerely,

*R. Corwin*

Ruby Corwin  
V. President