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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 APR 30 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H38283 (8)

1. Corporation Name

WACO WATER COMPANY

Principal Place of Business

200 S. ANDREWS AVE. 6TH FL  
FT. LAUDERDALE FL 33301

Mailing Address

200 S. ANDREWS AVE. 6TH FL  
FT. LAUDERDALE FL 33301-1884



3. Date Incorporated or Qualified

01/11/1985

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 450 EAST LAS OLAS BLVD

2a. Mailing Address

26 450 EAST LAS OLAS BLVD

4. FEI Number

59-2499582

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1500

27 SUITE 1500

23 FT. LAUDERDALE FL

28 FT. LAUDERDALE FL

24 33301 25 USA

29 33301 30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

☐

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

AMERICAN INFORMATION SERVICES INC  
1 SE 3RD AVE  
27TH FLOOR  
MIAMI FL 33131

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

TITLE ☐ DELETE

NAME PSD  
ROCHON, RICHARD C.  
STREET ADDRESS 200 S. ANDREWS AVE. 6TH FL  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME TAS  
BRANDEN, CRIS V  
STREET ADDRESS 200 S. ANDREWS AVE. 6TH FL  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME 450 E LAS OLAS BLVD SUITE 1500

1.3 STREET ADDRESS FT. LAUDERDALE FL 33301

1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE 450 E LAS OLAS BLVD, SUITE 1500

2.2 NAME FT. LAUDERDALE FL 33301

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 900002161119-0

3.3 STREET ADDRESS -05/01/97--01006--001

3.4 CITY-ST-ZIP \*\*\*3795.00 \*\*\*\*165.00

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 changing or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRIS V. BRANDEN

4/24/97

Date

954-627-5000

Daytime Phone #

0219593

CR2E034 (9/96)