

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

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H70990**

(7)

1. Corporation Name
INNOVAPURE WATER, INC.

Principal Place of Business

**13160 56TH CT. #510
CLEARWATER FL 34620
US**

Mailing Address

**5170 126 AVENUE, NORTH
CLEARWATER FL 34620**



3. Date Incorporated or Qualified
08/13/1985

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **13160 56TH COURT**

4. FEI Number

59-2567034

Applied For

Not Applicable

22 City & State

27 **SUITE 510**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23 Zip

28 **CLEARWATER, FL**

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 Country

25

29 **34620**

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOHREN, JOHN E., JR.
5170 126TH AVENUE, NORTH
CLEARWATER FL 34620
13160 56TH COURT, STE. 510
CLEARWATER, FL 34620**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	LYONS, GERALD	
STREET ADDRESS	5170 126TH AVE. N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOHREN, JOHN E. JR	
STREET ADDRESS	13160 56TH CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEGNAIOLI, FRANK P.	
STREET ADDRESS	5170-126 AVE., N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SONG, BRETT	
STREET ADDRESS	5170 126TH AVE N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NOHREN, JOSEPH H.	
STREET ADDRESS	13160 56TH CT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CARSON, DAVID	
STREET ADDRESS	5170 126TH AVE. N.	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CHRISTENSEN, PETER	
1.3 STREET ADDRESS	13160 56TH COURT, STE. 510	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
2.1 TITLE	CHAIRMAN & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NOHREN, JOHN E. JR.	
2.3 STREET ADDRESS	13160 56TH COURT, STE. 510	
2.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEGNAIOLI, FRANK P.	
3.3 STREET ADDRESS	13160 56TH COURT, STE. 510	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
4.1 TITLE	PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMITH, ROSE C.	
4.3 STREET ADDRESS	13160 56TH COURT, STE. 510	
4.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GREENBERG, ANDREW	
5.3 STREET ADDRESS	13160 56TH COURT, STE. 510	
5.4 CITY-ST-ZIP	CLEARWATER, FL 34620	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LANGER, MORT	
6.3 STREET ADDRESS	13160 56TH COURT, STE. 510	
6.4 CITY-ST-ZIP	CLEARWATER, FL 34620	

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97
Date

(83) 512-1000
Daytime Phone

0626106

CR2E034 (9/96)