

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

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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J26232 (5)
1. Corporation Name
CLEAN WATER SYSTEMS, INC.



Principal Place of Business Mailing Address
250 WARFIELD AVE 250 WARFIELD AVE
SUITE 31 SUITE 31
VENICE FL 34292 VENICE FL 34292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2699261	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	due
9. Name and Address of Current Registered Agent MCKINNEY, H. LEWIS 250 WARFIELD AVENUE VENICE FL 34292 DECEASED				10. Name and Address of New Registered Agent 81 Name MARtha Lou MCKinney 82 Street Address (P.O. Box Number is Not Acceptable) 250 WARFIELD AVE Suite 31 83 84 City VENICE FL 85 Zip Code 34293	

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 *Martha Lou McKinney Sec* 4-27-98
Signature, typed or printed name of registered agent (delete if applicable) (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MCKINNEY, H. LEWIS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, H. LEWIS	1.2 NAME	
STREET ADDRESS	407 ALTAIR ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	
TITLE	ST MCKINNEY, MARTHA LOU <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, MARTHA LOU	2.2 NAME	
STREET ADDRESS	407 ALTAIR ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	V MCKINNEY, MICHAEL W. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, MICHAEL W.	3.2 NAME	
STREET ADDRESS	3282 LONGCHAMP DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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 *Martha Lou McKinney* 4-27-98 941-485-8912

CR2E034 (10/97)