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

Jan 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J27543 FILTERPURE SYSTEMS, INC. Principal Place of Business Mailing Address % RICHARD A. MORSE 110 HORSESHOE TRAIL % RICHARD A. MORSE 110 HORSESHOE TRAIL DO NOT WRITE IN THIS SPACE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Date Incorporated or Qualified 08/06/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2740569 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 Personal Property Tax due June 30. 25 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MORSE, RICHARD A. 110 HORSESHOE TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH FL 32174 83 City 85 Zip Code 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 (NOTL Flagistered Agent signature required when roinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE 1.1 TITLE TITLE MORSE, RICHARD A. NAME 1.2 NAME 110 HORSESHOE TRAIL STREET ADDRESS 1.3 STREET ADDRESS ORMOND BCH. FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 2.1 TITLE MORSE, MARGRET K. NAME 2.2 NAME 110 HORSESHOE TRAIL STREET ADDRESS 2.3 STREET ADDRESS ORMOND BCH. FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 T(T) F NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 THLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - S1 - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREFT ADDRESS

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 suppliemental 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.

RIGHALD M. MONSE

CITY-ST-ZIP

FILED