

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J58619

(4)

1. Corporation Name

OZONE PURE WATER, INC.



Principal Place of Business

Mailing Address

~~W. DANIEL E. SCOTT~~
5330 ASHTON CT
SARASOTA FL 34233

~~W. DANIEL E. SCOTT~~
5330 ASHTON CT
SARASOTA FL 34233

3. Date Incorporated or Qualified
02/20/1987

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 OZONE PURE WATER INC

26 OZONE PURE WATER INC

4. FEI Number

59-2779014

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 5330 ASHTON CT

27 5330 ASHTON CT

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 SARASOTA, FL

28 SARASOTA, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34233

25 SARASOTA

29 34233

30 SARASOTA

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

NATHANSON, ROGER
5330 ASHTON CT
SARASOTA FL 34233

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 street address)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME NATHANSON, ROGER T.
STREET ADDRESS 4089 REDBIRD CIRCLE
CITY-STATE-ZIP SARASOTA FL

1.2 NAME NATHANSON, ROGER T.
1.3 STREET ADDRESS 4089 REDBIRD CIRCLE
1.4 CITY-STATE-ZIP SARASOTA, FL 34233

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME NATHANSON, LEONARD
STREET ADDRESS 1817 SANDALWOOD DRIVE
CITY-STATE-ZIP SARASOTA FL

2.2 NAME NATHANSON, LEONARD
2.3 STREET ADDRESS 4463 DEER TRAIL BLVD
2.4 CITY-STATE-ZIP SARASOTA, FL 34238

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME NATHANSON, GLORIA
STREET ADDRESS 1817 SANDALWOOD DRIVE
CITY-STATE-ZIP SARASOTA FL

3.2 NAME GLORIA NATHANSON
3.3 STREET ADDRESS 4463 DEER TRAIL BLVD
3.4 CITY-STATE-ZIP SARASOTA, FL 34238

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

TITLE ☐ DELETE

7.1 TITLE

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY-STATE-ZIP

7.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

CR2E034 (12/95)