FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K50674 (6)

1. Corporation Name

SPRING WATER, INC.

Principal Place of Business
% GARY D. LIPSON
914 MATANZAS AVE
CORAL GABLES FL 33146

Mailing Address
% GARY D. LIPSON
914 MATANZAS AVE
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1988
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2921079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be 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

LIPSON, GARY D.
914 MATANZAS AVE
CORAL GABLES FL 33146

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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DVP	☐ Change ☐ Addition
NAME	LIPSON, GARY D.	
STREET ADDRESS	914 MATANZAS AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DP	☐ Change ☐ Addition
NAME	LEVIN, ROBERT B.	
STREET ADDRESS	3455 NW 73RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	☐ Change ☐ Addition
NAME	LEVIN, SUSAN L.	
STREET ADDRESS	3455 NW 73RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	☐ Change ☐ Addition
NAME	LEVIN, JUANITA K	
STREET ADDRESS	3455 NW 73RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-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)(i), Florida Statutes. I further certify that the information indicated on the 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 a 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: Robert B. Levin ROBERT B. LEVIN, Pres. 4/26/95 (305)696-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0150600 CP