FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90079 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K66915

 Corporation 	VATER SYSTEMS, INC.						
Principal Place of Business Mailing Address							
% WAYNE S. RUSSELL % WAYNE S. RUSSELL					,	•	
14794 SW 132ND AVE. 14794 SW 132ND AVE					DO NOT WRITE IN THIS SPACE		
MIAMI FL 33186 US US US					3. Date Incorporated or Qualifed		
US					02/15/1989		
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For
21 26 26					65-0115193	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Ad	I	
27				5. Controlled of States Booker	ree Req		
	City & State City & State				6. Election Campaign Financing	\$5.00 N	- 1
28				Trust Fund Contribution Added to Fe		Fees	
Zip Country Zip				Country 8. This corporation owes the current year Intangible Passage Property Tax 1 Yes		IDHO	
24	25	- Y	30		Personal Property Tax. 10. Name and Address of New Regis		12140
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regi	stered Agent	
RUSSELL, WAYNE S.			Ľ.				
14794 SW 132 AVE.			82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33186			83			1 449 3 4 10 10	
HILESIV					· · · · · · · · · · · · · · · · · · ·		11/4 11/4
			84	City	Fig. 17 Co. 18 C	FI 85 Zip C	ode
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Age	s. Int signature require	oration submits this statement for the purpor's board of directors. I hereby accept the dwhen reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	
12.	OFFICERS AND DIRECTORS D DELETE		13.			Change	Addition
TITLE	P PURCELL WAYNE C		1.1 TITLE 1.2 NAME		The state of the s		
NAME	RUSSELL, WAYNE S			ET ADDRESS			
STREET ADDRESS	14794 SW 132ND AVE.		1.3 STREE			•	
CITY-ST-ZIP	MIAMI FL		2,1 TITLE	31-21		Change	Addition
TITLE			2.2 NAME				
NAME				ET ADDRESS			
STREET ADDRESS			2.4 CITY-				
CITY-ST-ZIP TITLE	DELETE		3.1 TITLE			☐ Change	Addition
NAME .			3.2 NAME				
STREET ADDRESS			3.3 STREE	ET ADDRESS	en and the second second second	refer to part the	of New AS
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Section 1	Change :	Addition
NAME			4. 2 NAME	.			
STREET ADDRESS			4.3 STREI	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	A		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME			•	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-		string to	☐ Change	☐ Addition
TITLE		☐ DELETÉ	6.1 TITLE				
NAME	•		6.2 NAME				
STREET ADDRESS	: '		0.3 \$1RE	ET ADDRESS			ì

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, with all other like empowered where S. Kusseu

SIGNATURE:

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

305)254-758 Daytime Phone # R2E034 (11/9)