

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K76276** (0)

1. Corporation Name
H2O ENVIRONMENTAL, INC.



Principal Place of Business: **1061 WEST OAKLAND PARK BLVD. FT LAUDERDALE FL 33311**
Mailing Address: **1061 WEST OAKLAND PARK BLVD. FT LAUDERDALE FL 33311**

3. Date Incorporated or Qualified 03/29/1989	3a. Date of Last Report 05/23/1995
4. FEI Number 65-0111735	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	25	22. Mailing Address Suite, Apt. #, etc. City & State Zip	29
26	27	30	31

9. Name and Address of Current Registered Agent
**MILLER, MARK
3300 N PORT ROYAL DRIVE
#301
FORT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name: **Miller, Mark**
82 Street Address (P.O. Box Number is Not Acceptable): **1937 SE 15th Court**
83
84 City: **Pompano Beach** FL 85 Zip Code: **33062**

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 _____ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCST <input type="checkbox"/> DELETE	1.1 TITLE	DCST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MARK	1.2 NAME	Miller, Mark
STREET ADDRESS	3300 N PORT ROYAL DRIVE, #301	1.3 STREET ADDRESS	1937 SE 15th Court
CITY-STATE-ZIP	FORT LAUDERDALE FL	1.4 CITY-STATE-ZIP	Pompano Beach, FL 33062
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, DAVID M.	2.2 NAME	
STREET ADDRESS	14156 RIVER ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	PENSACOLA FL	2.4 CITY-STATE-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURST, CRAIG	3.2 NAME	
STREET ADDRESS	371 SE 14TH AVENUE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	POMPANO BEACH FL	3.4 CITY-STATE-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILDEMEISTER, KURT	4.2 NAME	
STREET ADDRESS	5881 S MIAMI ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	VNICE FL	4.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRY, JOSEPH	5.2 NAME	Farry, Joseph
STREET ADDRESS	3500 FERNADINA ROAD J1	5.3 STREET ADDRESS	3500 Fernadina Road J1
CITY-STATE-ZIP	[REDACTED]	5.4 CITY-STATE-ZIP	Columbia, SC
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, DAVID	6.2 NAME	
STREET ADDRESS	P.O. BOX 608 N/A	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PUNTA GORDA FL	6.4 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 unchanged, or on an attachment with an address.

SIGNATURE: Mark Miller Mark Miller Date: 1/23/96 (305) 565-7650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date, Phone #

CR2E034 (12/95)