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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 17 1998 8:00am Secretary of State

1. Corporatio	MEN # K83405 ATER SYSTEMS OF PALM BE	(6) ACH COUNTY, INC.			
Principal Plac	e of Business	Mailing Address			
14587 SOUTHERN BLVD. LOXAHATCHEE FL 33470 US		16243 E. CHELTENHAM DR. LOXAHATCHEE FL 33470 US		DO NOT WRITE IN 11-	IIS SPACE
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address	<del></del>	04/26/1989 4. FEI Number	Applied For
า 422	5 7 - 11' - 17c - 1		COLLIN DR.	65-0115523	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State Palm Beach, PL 28 WEST PAL			n Beach, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2 334	25 Polary Becch	<sup>7</sup> p 33406	Country 30 US	8. This corporation owes or has paid the Personal Property Tax due June 30.  10. Name and Address of New Register  11. Name 22. Name 23. Name 24. Name 24. Name 25. Name 26.	☐ Yes <b>☑</b> No
GO		agistered Agent	81 Name C	1 1 1	ed Agent
GOTTHELF, DEBORAH M.				ess (P.O. Box Number is Not Acceptable)	}
LOXAHATCHEE FL 33470			oss (1.0. box rumbor is ruot riccopiable)		
<sup>83</sup>   423				35 Collin Dr.	
			84 City We		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 register.					
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	Hamly A. Bemale	(STANLEY A.	Basash	Feb. 11	1998
12.	Signature, typed it printed name of registered agent an OFFICERS AND DI	IRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS A	· · · · · · · · · · · · · · · · · · ·
TiTL€	DP	DELETE	1.1 TITLE <b>V</b>	P/5	Change Addition
NAME	Banash, Virginia M.		1.2 NAME	, •	
STREET ADDRESS	4225 COLLIN DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY - ST - ZIP		
TITLE	DVP	XI-DELETE	2.1 TITLE		Change Addition
NAME	GOTTHELF, DEBORAH M.		2.2 NAME		
STREET ADDRESS	16243 E CHELLENHAM DRIVE		2.3 STREET ADDRESS		
CiTY-ST-ZIP	LOXAHATCHEE FL	DELETE	2.4 CITY-S1-ZIP		Change Addition
TITLE	OSTUCIE MILIAM D	POLICEIE	3.1 TITLE		Change C Addition
NAME DIRECT ADDRESS	GOTTHELF, WILLIAM R. 16243 E CHELLENHAM DRIVE		3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS  CITY-ST-ZIP	LOXAHATCHEE FL		3.3 STREET ADDRESS 3.4. CITY-S1-ZIP		
TITLE	DT	DELETE	4.1 HILE <b>D</b> P	17	Change Addition
NAME	BANASH, STANLEY A.		4. 2 NAME	<i>(</i> '	<b>4-1</b>
STREET ADDRESS	4225 COLLIN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CMY- ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY-ST-ZIP		. ————————————————————————————————————	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	<del></del>	Change Addition
NAME			62 NAME		j
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	portify that the information according with the	hie filme door not mustic to	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, I further	nortify that the information
THE LIBRICON C	rotory reaction minimation Supplied With D	ms aming does not quality to	n tee exemplion stated to	oconon materialist, monda atalutes, i further	Corary man and information

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.