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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90231 049 ***150.00

1999

DOCUMENT # K83405

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AAA WATER	SYSTEMS	OF PAIM	BEACH	COUNTY.	INC

						- -1	בות ולסלם ונו ת ותוק ם וותום ולונל תתוקו ופק ווו תוקפן (/19 W3W31 W	AIBII WIL	II) BIBII)BBI
Principal Place of Business Mailing Address										
4225 COLLIN DE	?	4225 COLLIN DR					•			
WEST PALM BEACH FL 33406		WEST PALM BEACH FL 33406				DO NOT WRITE IN THIS (ODACE.			
US		US				DO NOT WRITE IN THIS SPACE				
	•						Date Incorporated or Qualifed 04/26/1989			
2. Principal Pla	ace of Business	2a. Mailing Address				1	FEI Number	. L	App	lied For
26					65-0115523		Not Applicable			
- ·		Suite, Apt. #, etc.	pt. #, etc.		5. Certificate of Status Desired			\$8.75 Additional		
22	er i la	27				3. `	Certificate of Status Desired	Fe	e Req	uired
City & State	,	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28			'	Trust Fund Contribution	Add	ded to	Fees	
Zip Country		Zip	Zip Country			8.	This corporation owes the current year Inta	ngible		
24	25	29	30			1	Personal Property Tax.	☐ Yes	<u> </u>	ZΝο
	9. Name and Address of Current	t Registered Agent				10.	Name and Address of New Registered A	gent		
				81	Name					
BANA	ASH, STANLEY A			82	Ctanat Addes	'00= (D	O. Poy Number is Not Acceptable)			
4225	COLLIN DR	•		82	Street Addre	t Address (P.O. Box Number is Not Acceptable)				
WEST	F PALM BEACH FL 33406			83	 -					
,										
	•			84	City		FL	85	Zip Co	ode
44 Purguant t	o the provisions of Sections 607 0502	2 and 607 1508. Florida Statute	es, the a	bove	-named corpo	oration	submits this statement for the purpose of o	hangin	ıg its r	egistered
office or re	edistered agent, or both, in the State (of Florida. Such change was at	utnorize	ועסנ	tne corporatio	on's boa	ard of directors. I hereby accept the appoin	ment a	as reg	istered
agent. I ar	n familiar with, and accept the obligat	ions of, Section 607.0505, Flot	nda Stat	utes.	•					ì
SIGNATURE	Signature, typed or printed name of registered agent	and title if anniantale (NOTE)	Peoleterar	(Acent	t signature required	ri when rei	instating) DATE			
12.	OFFICERS AN	<u>''</u>	13.	rigiditie	t dignatoro roquiros		DDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOF	RS IN 12
TITLE	DVPS	☐ DELETE	1.1 TI	TLE			001110110101011110101111111111111111111	☐ Cha		☐ Addition
ļ	BANASH, VIRGINIA M.		12 N		1					
NAME ·	4225 COLLIN DRIVE				ADDRESS					
STREET ADDRESS			- 6							
CITY-ST-ZIP	WEST PALM BEACH FL	[] DELETE	_	ITY-ST	- ZiP			[] Chai	nnne	Addition
TITLE	DPT	C) DETEIE	2.1 TI					[] ¢g.		
NAME	BANASH, STANLEY A		2.2 N	-			ing the state of the specific materials			-
STREET ADDRESS	4225 COLLIN DRIVE		2.3 \$	TREET	ADDRESS					
CITY+ST-ZIP	WEST PALM BEACH FL		_	ITY-S	T-ZIP			F7.01-		□ Addition
TITLE		☐ DELETE	3.1 TI	TLE				Cha	inge	☐ Addition
NAME			3.2 N	AME						
STREET ADDRESS			3.3 \$	TREET	ADDRESS					
CITY-ST-ZIP		_	3.4. 0	TY-51	T-ZIP					
TITLE		☐ DELETE	4.1 T	m.e				Cha	ange	☐ Addition
NAME			4.21	AME						
STREET ADDRESS			4.3 S	TREET	ADDRESS					
CITY-ST-ZIP				- ПY-\$1	1					
TITLE		DELETE	5.1 Ti					☐ Cha	ange	Addition
NAME		<u> </u>	5.2 N							
			5.3 S	TREET	ADDRESS					
STREET ADDRESS				TY-ST						
CITY-ST-ZIP	2 13 2 2 3 2 3	□ DELETE	6.1 T					[] Cha	ange	☐ Addition
11 (2)	Marin San		6.2 N							
NAME	, "				ADDRESS					
ATDEET LOODS			■ 0.35	INCL	AUUNEJÕ I					

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.

6.4 CITY-ST-ZIP

SIGNATURE: ALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- CR2F034 (41/98)-