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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L01863 (4)

1. Corporation Name
ACAPPELLA NATURAL SPRING WATER INC.



Principal Place of Business
24627 C.R. 21
ORANGE SPGS. FL 32182
US

Mailing Address
P. O. DRAWER A
ORANGE SPGS. FL 32182-1000
US

3. Date Incorporated or Qualified
07/12/1989

3a. Date of Last Report
06/13/1996

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 65-0136918	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired 8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
Zip 24	Country 25	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No	

9. Name and Address of Current Registered Agent

WOOD, ROGER C
POST OFFICE DRAWER A
ORANGE SPGS. FL 32182

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 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	CONE, AL J	1.2 NAME	
STREET ADDRESS	125 NE 1ST AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	
NAME	WOOD, ROGER C.	2.2 NAME	
STREET ADDRESS	POST OFFICE DRAWER A	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORANGE SPGS. FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	
NAME	DELK, LARRY M	3.2 NAME	
STREET ADDRESS	POST OFFICE DRAWER A	3.3 STREET ADDRESS	
CITY- ST- ZIP	ORANGE SPGS. FL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	LLOYD, VINCENT A	4.2 NAME	
STREET ADDRESS	201 SOUTH SECOND STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	FORT PIERCE FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	
NAME	ECHAVARRIA, HORACIO	5.2 NAME	
STREET ADDRESS	7600 MAR DEL PLATA	5.3 STREET ADDRESS	
CITY- ST- ZIP	ARGENTINA SO	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)