

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED
AND
FILED

1997 JUL 28 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04224 (6)
1. Corporation Name
WATER PRODUCTS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10105 AMBERWOOD RD. 6441 TOPAZ CT. UNIT 1 FT MYERS FL 33912 US	Mailing Address 10105 AMBERWOOD RD. 6441 TOPAZ CT. UNIT 1 FT MYERS FL 33912 US
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3. Date Incorporated or Qualified 07/24/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0140209	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 6441 TOPAZ CT. Suite, Apt. #, etc. 22 City & State 23 FT. MYERS, FL Zip 24 33912	2a. Mailing Address 26 6441 TOPAZ CT. Suite, Apt. #, etc. 27 City & State 28 FT. MYERS, FL Zip 29 33912	Country 25 US	Country 30 U.S.
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9. Name and Address of Current Registered Agent MASUR, WAYNE K. P. 10105 AMBERWOOD RD. UNIT 1 FT MYERS FL FL 33913	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 6441 TOPAZ CT. 83 84 City FT. MYERS, FL 85 Zip Code 33912
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASUR, WAYNE K 10105 AMBERWOOD RD #1 FORT MYERS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6441 TOPAZ CT. FT. MYERS, FL 33912
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002260012--4 -08/06/97--01113--020 ****165.00 ****165.00
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SCC 7-28-97

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 _____

CR2E034 (4/97)



**WATER
PRODUCTS
INTERNATIONAL, INC.**

Reverse Osmosis Specialists

6441 TOPAZ COURT
FORT MYERS, FL 33912

July 21, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: L04224

To Whom it may Concern:

As per my conversation, of this date, with a member of your staff, I am submitting to you my 1997 Profit Corporation Annual Report and our check in the amount of \$165.00.

This is the first notice we received for 1997. Our Company was established in 1989, and have always filed our Report in a timely fashion.

We did change our location in October of 1996, which could account for the original notice not being received.

If you have any questions regarding this matter, please feel free to contact me at 941-936-1636.

Very truly yours,


Leslie Lewter,
General Manager