

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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 90224 039 ***150.00

DOCUMENT # L66195

1. Corporation Name

WATER MANAGEMENT OF SOUTH FLORIDA, INC.

Principal Place of Business

10910 STACEY LANE
C/O GALLO, JOSEPH
BOCA RATON FL 33428
US

Mailing Address

10910 STACEY LANE
BOCA RATON FL 33428
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1990

4. FEI Number

65-0189088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 4721 NW 5th Lane

Suite, Apt. #, etc.

22

City & State

23 Boca Raton, FL

Zip

24 33431 25 Country

2a. Mailing Address

26 4721 NW 5th Lane

Suite, Apt. #, etc.

27

City & State

28 Boca Raton, FL

Zip

29 33431 30 Country

9. Name and Address of Current Registered Agent

GALLO, JOSEPH M
10910 STACEY LN.
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4721 NW 5th Lane

83

84 City

Boca Raton

FL

85 Zip Code

33431

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 of 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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME GALLO, JOSEPH
STREET ADDRESS 10910 STACEY LN
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4721 NW 5th Lane
1.4 CITY-ST-ZIP Boca Raton, FL 33431

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

561-391-5288

Daytime Phone #

CR2E034 (1/98)