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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

101

	WATER ASSOCIATES, INC). 				
Principal Place of Business 1. C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 US 2. Principal Place of Business 21 Suite, Apt. #, etc		Mailing Address % C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD.				
		PLANTATION FL 3332 US	24	 Date Incorporated or Qualified 08/24/1988 	05/01/1995	
		2a. Mailing Address 26 Suite, Apt #, etc.		4. FEI Number 22-2917158	Applied For Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Carrie State		City & State		6. Election Campaign Financing	\$5.00 May Be	
City & State		28		Trust Fund Contribution	Added to Fees	
Zip	Country 25	Ζιρ 29	Country 30	Florida Statutes 🔲 Ye	or intangible tax under s. 199.032, es. \[\sum No	
	9. Name and Address of Curre		81 Nanie	10. Name and Address of New	Registered Agent	
1200 S.	Poration System Pine Island Road Tion FL 33324		82 Street Ad 83 84 City	idress (P.O. Box Number is Not Accept	able) FL 85 Zip Code	
CICNIATURE	Signature, typed or punited has it of registered ago:	nanimi dage ate	NOTE English (not Agrett signative re)	noration submits this statement for the pourd of directors. Thereby accept the against war recising in ADDITIONS/CHANGES TO O	DATE OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE	P	DELETE	1. 1 T*TLE			
NAME STREET ADDRESS	garr, J. J. Five giralda farms		1.2 NAME			
CITY - ST - ZIP			1.3 STHEET ADDRESS			
	MADISON NJ	CTI DELETE	1.4 CiTY ST-2IP		☐ Cnange ☐ Addition	
TITLE NAME	VP NEE, T. M.	DELETE	14 City S1-2iP 2 11/H F 22 NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS	VP NEE, T. M. FIVE GIRALDA FARMS	☐ DELETE	1.4 CITY ST-ZIP 2.1 TH E		-	
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(Sirk), 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 aptrachment with an address.

SIGNATURE: __

Charles M. Samuel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(201) 831-2000

Asst. Treasurer

CR2E034 (12/95)