

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.)

FILED  
Sep 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36318 (4)  
1. Corporation Name  
AQUA CARE SYSTEMS, INC.



Principal Place of Business  
3806 N. 29TH AVENUE  
HOLLYWOOD FL 33020

Mailing Address  
3806 N. 29TH AVENUE  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11820 NW 37 STREET Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS, FL Zip 24 33065		2a. Mailing Address 26 11820 NW 37 STREET Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS, FL Zip 29 33065		3. Date Incorporated or Qualified 11/15/1991		3a. Date of Last Report 01/25/1996	
				4. FEI Number 13-3615311		Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MACKAY, WILLIAM K. 3806 N. 29 AVE. HOLLYWOOD FL 33020				10. Name and Address of New Registered Agent 81 Name MACKAY WILLIAM K. 82 Street Address (P.O. Box Number is Not Acceptable) 11820 NW 37 STREET 83 84 City CORAL SPRINGS FL 85 Zip Code 33065			
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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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CPTD	<input type="checkbox"/> DELETE		1.1 TITLE	CPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKAY, WILLIAM K.			1.2 NAME	MACKAY, WILLIAM K.		
STREET ADDRESS	3806 N. 29 AVE.			1.3 STREET ADDRESS	11820 NW 37 STREET		
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE	<del>CEO</del>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>SCHEUTE, JEFFREY L.</del>			2.2 NAME			
STREET ADDRESS	<del>3806 N. 29TH AVENUE</del>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<del>HOLLYWOOD FL</del>			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CEGARATTI, JAMES P.			3.2 NAME	CEGARATTI, JAMES P.		
STREET ADDRESS	3806 N. 29TH AVENUE			3.3 STREET ADDRESS	11820 NW 37 STREET		
CITY-ST-ZIP	HOLLYWOOD FL			3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>SILVA, WILLIAM F.</del>			4.2 NAME			
STREET ADDRESS	<del>3806 N. 29TH AVENUE</del>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<del>HOLLYWOOD FL</del>			4.4 CITY-ST-ZIP			
TITLE	S, D	<input type="checkbox"/> DELETE		5.1 TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOSKIN, NORMAN J.			5.2 NAME	HOSKIN, NORMAN J.		
STREET ADDRESS				5.3 STREET ADDRESS	11820 NW 37 STREET		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LUCAS, DAVID K.			6.2 NAME	LUCAS, DAVID K.		
STREET ADDRESS				6.3 STREET ADDRESS	11820 NW 37 STREET		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE  
WILLIAM K. MACKAY 9/2/97 (951) 796-3328

CR2E034 (4/97)