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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9200005496 (4)

JENMARS WATERWORKS INC.

Principal Place of Business 17430 8W 63 MANOR FT LAUDERDALE FL 33331		Mailing Address 4839 SW 148 AVE. #408 DAVIE FL 33330-2129			
		2		3. Date incorporated or Qualific 11/16/1992	ed 3a. Date of Last Report 09/23/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0370185	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		Cily & Stato		6. Election Campaign Financing	
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	Florida Statutes	for intangible tax under s. 199.032,
	9. Name and Address of Curr			10. Name and Address of New	
174	FMANN, DENNIS K 30 SW 63 MANOR AUDERDALE FL 33331		81 Name 82 Street Add 83 Add 84 Crty	dress (P.O. Box Number is Not Accer	FL 85 Zip Code
agent. I a SIGNATURE	to the provisions of Sections 607.0 egistered agont, or both, in the Stam familiar with, and accept the ob-	igations of, Section 607.0505, I	utes, the above-named cors authorized by the corpora Florida Statutes. Oth Registered Agent signature requ		ne purpose of changing its registered scept the appointment as registered
12.		ND DIRECTORS	13,	_ :	FICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	HOFMANN, DENNIS K		1.2 NAME		
STREET ADDRESS	17430 SW 63 MANOR		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL 33331	DELETE	1.4 CITY - S1 - ZIP		
NAME		FT Officit	21 111LE		☐ Change ☐ Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		L DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 agrual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of inecorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my mame appears in Block 12 or Block 13 if changed, or or agrattacyment with an address.