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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012395

1. Corporation Name

WATERWORKS OF BOCA, INC.

Principal Place of Business	Mailing Address
888 S. Andrews Avenue Suite 308 Ft. Lauderdale, FL 33316	888 S. Andrews Avenue Suite 308 Ft. Lauderdale, FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 3/15/94

2. Principal Place of Business
21: 10555 N.W. 53rd Street
22: Suite Apt. #, etc.
23: City & State: Sunrise, FL
24: Zip: 33351
25: Country: USA

2a. Mailing Address
26: 600 S. Andrews Av c/o Bruce D. Green
27: Suite, Apt. #, etc.: Suite 400
28: City & State: Ft Lauderdale, FL
29: Zip: 33301
30: Country: USA

4. FEI Number: 59-2591531 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Green, Bruce D.
888 S. Andrews Avenue
Suite 308
Fort Lauderdale, FL 33316

10. Name and Address of New Registered Agent

81 Name: Green, Bruce D.
82 Street Address (P.O. Box Number is Not Acceptable): 600 South Andrews Avenue
83: Suite 400
84 City: Fort Lauderdale **FL** 85 Zip Code: 33301

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: C. Linzer C. Linzer (NOTE: Registered Agent's signature required for each item checked) 3/24/95 (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	~~BORATTIC, JOHN~~
STREET ADDRESS	~~888 S. Andrews Avenue, #308~~
CITY ST ZIP	~~Fort Lauderdale, FL 33316~~
TITLE	PD
NAME	LINZER, LESLIE
STREET ADDRESS	10555 N.W. 53 Street
CITY ST ZIP	Sunrise, Fl
TITLE	VST
NAME	LINZER, CHARLES
STREET ADDRESS	10555 N.W. 53 Street
CITY ST ZIP	Sunrise, Fl
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition	
12 NAME		
13 STREET ADDRESS	10555 N. W. 53rd Street	
14 CITY ST ZIP	Sunrise, FL 33351	
21 TITLE	☐ Change ☐ Addition	
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	☐ Change ☐ Addition	
32 NAME		
33 STREET ADDRESS	100001450311	
34 CITY ST ZIP	-04/07/95--01017--011	
41 TITLE	☐ Change ☐ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

****200.00 ****200.00

RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: C. Linzer C. Linzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95
Date

305-742-2106
Daytime Phone #