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| DOCUMENT # P93000012395 | | | |
| 1. Entity Name WATERWORKS OF BOCA INC. | | | |
| Principal Place of Business 10555 N.W. 53RD SUNRISE FL 33351 | | Mailing Address 600 S.ANDREWS AVE SUITE 400 FT.LAUDERDALE FL 33301-2861 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | | |
| GREEN, BRUCE D 600 S. ANDREWS AVE SUITE 400 FT. LAUDERDALE FL 33316 | | | Name |
| | | | Street Address (if different from above) |
| | | | City |
| | | | State |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | |
| 11. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD L LINZER, LESLIE 10555 NW 53RD STREET SUNRISE FL | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST LINZER, CHARLES 10555 N.W. 53 STREET SUNRISE FL 33351 | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | |
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| 12. | | | |
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| 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ | | SIGNATURE REQUIRED _____ | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | |

954/7422106
Daytime Phone #

CR2E034 (9/99)