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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000027915 (6)

**ULTRAPURE GROUP LIMITED, INC.** 

									ANT DE <b>B</b> ari ( )	
Principal Place of Business Mailing Address						1 1601(00) (10	<b>1818 0</b> 11111 <b>0</b> 0116 <b>30</b> 111 <b>301</b> 111 1	##114 31811 18818 18181 I	/  B B	
524 PAUL MO	rris dr	524 PAUL I	524 PAUL MORRIS DR							
UNIT H		UNIT H	ENGLEWOOD FL 34223-3972							
ENGLEWOOD F	FL 34223	_								
US		US					porated or Qualified	3a. Date of Las		
0.000000000	N					04/15/199		05/01/1996	3	
	Place of Business	2a. Mailing	Address			4. FEI Numbe			Applied For	
21		26				65-0402	65-0402866 Not Applicable			
Suite, Apt.	. #, GIC.	<u>⊢</u> ¬	Suite, Apt #, etc.			5. Certificate of	of Status Desired		5 Additional	
22		27						Fee	Required	
City & Stat	te	<u></u> ⊢-¬ ′	City & State			6. Election Car	6. Election Campaign Financing \$5.00 May Be			
23			28			Trust Fund (	Contribution	☐ Adde	ed to Fees	
	Zip Country		Zip Country				8. This corporation has liability for intangible tax under s. 199.032.			
24	25   29   9. Name and Address of Current Registered Agent			30			Florida Statutes Pres No			
		rrent Hegistered A	gent				Address of New Reg	istered Agent		
	iris, steven w			81	Nam	9				
	South Tamiami Trail			82 Street Ad		t Address (P.O. Box Nun	ddress (P.O. Box Number is Not Acceptable)			
VEN	ICE FL 34285									
				83						
				84	City			loc l	in Ondo	
				04	City			FL  85   Z	Zip Code	
11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the S	0502 and 607.1508	, Florida Statutes	the above	o-name	d corporation submits thi	s statement for the pu	urpose of changin	g its registered	
egent. I a	registered agent, or both, in the S am familiar with, and accept the of	tate of Florida, Such oligations of Section	i change was au n 607.0505. Flori	thorized by da Statute:	the co	rporation's board of dire	ctors. I hereby accept	t the appointment	as registered	
SIGNATURE	, , , ,	<b>3</b> ,							ļ	
SIGNATURE	Signature typed or printed name of registered	d agent and title it applicable	e (NO1€:	Heg stered Age	nt signatu	re required when reinstating)		DATE		
12.	<del></del>	AND DIRECTORS		13.		ADDITIONS/0	CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12	
TITLE	VD		DELETE	1.1 TITLE		THE THE STATE OF T		Chang	ge Addition	
NAME	DUPONT, PAUL ROBERT JE	₹.		1.2 NAME						
STREET ADDRESS	1645 B MANOR RD			1.3 STREET	ADDRESS	9aal Pine	COVE PRUGG	Ł		
CITY-ST-ZIP	ENGLEWOOD FL			14 CITY - S		Englewood	1 FL 342	323		
TITLE	PSTD		DELETE	21 THLE		3,43	<u> </u>	☐ Chang	ge Addition	
NAME	BARTON, JOHN D			2.2 NAME						
STREET ADDRESS	15 SPORTSMAN LANE			2.3 STREET	ADDRESS					
CITY-ST-ZIP	ROTONDA WEST FL			2. <b>≰</b> CiTY-1			2.	3947		
TITLE	TD	<del></del>	DELETE	3.1 TITLE	ol . Til		<u></u>	Chang	ge Addition	
NAME	DUPONT, JOHN M II			3.2 NAME		Dupost Jo	ines	Line Oracing	,	
STREET ADDRESS	524 PAUL MORRIS DR.			3.3 STREET	ADDDE CO	Dupost, Ja	Willew Dr.	ine.		
CITY-ST-ZIP	ENGLEWOOD FL 34223			E .						
TITLE	S		DELETE	3.4. CITY - ! 4.1 TITLE	1-212	TANGONEL	NJ 0783	Chang	ae Addition	
NAME	BARTON, CHRISTINE		- Section	4.7 NAME				EJ Chang	JO L. MOGRORI	
STREET ADDRESS	524 PAUL MORRIS DR.				ADDALOO	15 Sportsn	nan Lawe			
	ENGLEWOOD FL 34223			4.3 STREET			/ .	220017		
CITY-ST-ZIP	LITALLITOOD IL 07220		DELFTE	4.4 CiTy - S	I - ZIP	13010100	west, I-h		no Addito-	
			L. PRUIL	5.1 TITLE				[] Chang	ge L Addition	
NAME ADDRESS ADDRESS				5.2 NAME.						
STREET ADDRESS				5.3 STREET	ADDRESS					
CITY-ST-ZIP			Driese	5.4 CITY-S	r-ZIP	<del> </del>	<del></del>	,		
TITLE			DELFTE	6.1 TITLE				Chang	ge 🔲 Addition	
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE1	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 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.

6.4 CHY-ST-ZIP