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Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000027915 (6)**

1. Corporation Name

ULTRAPURE GROUP LIMITED, INC.

Principal Place of Business

**524 PAUL MORRIS DR
UNIT H
ENGLEWOOD FL 34223
US**

Mailing Address

**524 PAUL MORRIS DR
UNIT H
ENGLEWOOD FL 34223
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 516 Paul Morris Drive		26 516 Paul Morris Drive		04/15/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0402866	
City & State		City & State		Applied For	
23 Englewood, FL		28 Englewood, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 34223		29 34223		30	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
25		30		7. This corporation owes or has paid the current year intangible	
25		30		Personal Property Tax due June 30.	
25		30		8. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

**MACRIS, STEVEN W
600 SOUTH TAMiami TRAIL
VENICE FL 34285**

10. Name and Address of New Registered Agent

81 Name **James A. Bonagust, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
610 Cardillo, Keith & Bonagust
83 **3550 East Tamiami Trail**
84 City **Naples** 85 Zip Code **FL 34112**

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 **James A. Bonagust**

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	VD	1.1 TITLE	PD
NAME	DUPONT, PAUL ROBERT JR.	1.2 NAME	
STREET ADDRESS	9221 PINE COVE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	1.4 CITY-ST-ZIP	
TITLE	PSTD	2.1 TITLE	
NAME	BARTON, JOHN D	2.2 NAME	
STREET ADDRESS	15 SPORTSMAN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	DUPONT, JAMES	3.2 NAME	
STREET ADDRESS	17 MOUNTAINVIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	BARTON, CHRISTINE	4.2 NAME	
STREET ADDRESS	15 SPORTSMAN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: **X**

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