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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000033087 (6)

WATER TECHNOLOGY ASSOCIATES, INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Addi	ess	 -		I CORLORE SEE ORIGIN CALCI ROSSE MOTH O		(8 Killi Matar II	//// 1 001 1001
513 US HWY SUITE 202 N PALM BCH		SUITE 202 N PALM BO	513 US HWY 1 SUITE 202 N PALM BCH FL 33408			DO NOT WRITI	E IN THIS S	BPACE	
US US						3. Date Incorporated or Qualified 05/06/1993			
2. Principal Pl	ace of Business	<u> </u>	2a. Mailing Address			4. FEI Number 65-0415529	Applied For Not Applicable		
Suite, Apt.	#, etc.	Suite, Ap	Suile, Apt. #, etc			5. Certificate of Status Desired	X	\$8.75	Additional equired
City & State	9		City & State			6. Electior Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			Zip Country		/	8. This corporation owes or has paid the current year Intangible			
24	25 29		30		Personal Property T		x due June 30. Yes X No		
	9, Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New Ro	gistered A	\gent	
Wh	IEATLEY, JAMES A			81	Name				Ī
	B GREENBRIER DR KE PARK FL 33403				Street Add	ess (P.O. Box Number is Not Acceptable)			
				63					
				84	'		FL		Code
office or re	to the provisions of Sections 607.0! egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such c	hange was author	rized b	y the corpora	poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the app	changing i changing is	ts registered registered
SIGNATURE									
	Signature, typed or printed name of registered a	ND DIRECTORS	(NO1E Rec	13.	ent signature requ	ADDITIONS/CHANGES TO OFFI	DATE OCCUS AND	DIDECTOR	
12.	D OFFICE NO A		DELETE	1.1 TITLE	T	ADDITIONS/CHANGES TO OFFI	CERS AND	Change	Addition
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NAME			1	6.2 NAME					
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CITY-ST-ZIP			ľ	6.4 CITY-	ST-ZIP				ļ
	artifuthat the information cumplied	with this filing door	not qualify for the	o Avami	tion stated in	Section 110 07/31/i) Florida Statuton	Livethor no	etifu that the	information

I mereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the informatio 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.