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Mar 31, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300063212

1. Corporation Name

FLORIDA WATER PURIFICATION TECHNOLOGIES, INC.

Principal Place	of Business	Mailing Address			t 1881/881 (18 18198 Hith adm abiti atte atte dies time med tiete met tere
1919 ROLLING GREEN CIRCLE SARASOTA FL 34240 US		46 N WASHINGTON BLVD SUITE 1 SARASOTA FL 34236			DO NOT WRITE IN THIS SPACE
00	·				3. Date Incorporated or Qualifed 09/10/1993
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			65-0436 163 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year Intangible Personal Property Tax
24	25	29 30	Щ,		, croanial , repair, text
.,,_	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
SHE	SLER, VICKIE		"	PATT	TERSON, JOHN
	/ASHINGTON BLVD		82	Street Add	ddress (P.O. Box Number is Not Acceptable)
SUIT			100		N. WASHINGTON BLVD.
	ASOTA FL 34236		83	SUIT	re 1
			84		FL 85 Zip Code
14 Duminant	to the applications of Soctions 607 0502	and SO7 1509 Florida Statutos	the above	SARA	experation submits this statement for the numese of changing its registered
office or re	egistered agent, or both in the State of	f Florida. Such change was autho	orized by	the corpora	ation's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with and accept the eoligate	ons of, Section 607.0505, Florida	Statutes	i.	3/5/99
SIGNATURE	Signature repet as printed name of registered agent	More if applicable (NOTE: Rec	ISDA heretzie	nt signature recur	guired when reinstating) DATE
~ 12. 🗸	OFFICERS AND		13.	it tigrown	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH N CHRISTIAN	•	1.2 NAME		
STREET ADDRESS	1919 ROLLING GREEN CIRCLE			TADORESS	r
CITY-ST-ZIP	SARASOTA FL		1.4 C/TY-S	Ì	
TITLE	DVPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH ELAINE F	-	2.2 NAME		
STREET ADDRESS	1919 ROLLING GREEN CIRCLE			T ADDRESS	The same of the sa
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-S		
TITLE	ONINOTATE	☐ DELETE	3.1 TITLE	/1 - 	☐ Change ☐ Addition
NAME		-	3.2 NAME	- 1	
STREET ADDRESS				TADDRESS	
CITY-ST-ZIP			3.4. CITY-5		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	1	
STREET ADDRESS				T AODRESS	
CITY-ST-ZIP			4.4 CITY-S		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	Ī	
STREET ADDRESS		3	5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DÉLETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	}	
STREET ADDRESS	•		6.3 STREE	TADORESS	
CITY-ST-7!P			6.4 CITY-S	T-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, with all other like empowered. SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR