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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063942 (5)

WATER TECHNOLOGY RESOURCES, INC.

## FILED May 09 1997 8:00am Secretary of State



Principat Place of Business 1946 78 CT VERO BCH FL 32966 US		Mailing Address 1946 78 CT VERO BCH FL 32966- US	1946 78 CT VERO BCH FL 32966-1355						
<u>.</u>						3. Date Incorporated or Qualified 09/08/1993		ate of Last 22/1996	Report
2. Principal P	ace of Business	2a. Mailing Address 26			65-0443528 Not Appli			Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired			Additional Required
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution		Adde	0 May Bo d to Fees
Zip 24	Country 25	Ζφ <b>29</b>	30 Cou	untry			∳Yes [	] No	s. 199.032,
	9. Name and Address of Curre	ent Registered Agent		l,		10. Name and Address of New Re	gistered	Agent	
	N, PAUL P			81	Name				
	G CARIBBEAN AVE PIERCE FL 34982	•	82 Street Add			dress (P.O. Box Number is Not Acceptat	le)		
68737	or <b>(</b> Your			83					
				84	City		FL	85 Zi	p Code
office or agent. I a SIGNATURE	m familiar with, and accept the oblig Signature, typed or pointed name of registered as	gations of, Section 607.050	5. Horida Sta	tutes	3.	poration submits this statement for the pation's board of directors. I hereby accepted when repeating)  ADDITIONS/CHANGES TO OFFICE	DATE		
TITLE	PD	DELETI						Change	
NAME	BLADEN, DONALD H		12 N						
STREET ADORESS	1946 78TH COURT				ADDRESS				
CITY-ST-ZIP	VERO BCH. FL 32966				31-ZIP				
TITLE	STD	DELET						Change	Addition
NAME	NUNN, PAUL J		22 N					_	
STREET ADDRESS	3325 SUNRISE BLVD.				ADDRESS		**		
City-ST-ZIP	FT. PIERCE FL 34982		2.41	011Y-1	ST - ZIF				
TITLE	0	DELFT						Chang	e 🔲 Addition
NAME	NUNN, PAUL P		3.2 N	IAME					
STREET ADDRESS	1005 CARIBBEAN AVE		3.3 S	STREET	ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL 34982		34.	CITY-:	S1 · ZIP				
TITLE	D	☐ DELET	4.11	ITLE				☐ Chang	e 🔲 Addition
NAME	BECTON, RONALD A		4.2	NAME	1				
STREET ADDRESS	6005 NETTLE PATH DR		4,3 9	STREET	ADDRESS				
CITY-ST-ZIP	FT. PIERCE FL 34951			OITY-S	ST - ZIP				
TITLE		DELE1	E 511	ITLE	ļ			Chang	e 🔲 Addition
NAME	1		5.21	AME					
STREET ADDRESS			5,3 5	STREET	ADDRESS				
CHTY-ST-ZIP				21 <b>1</b> 1Y - S	S1 - ZIP				
TITLE		☐ DELET	611	HILE				Chang	e 🗌 Addition
NAME			6.21	VAME					
STREET ADDRESS			638	STREET	ADDRESS				
CITY-ST-ZIP		,	6,41	DITY-S	S1 - ZIP				

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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

MATURE DESIGNATION