

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000063942

1. Corporation Name
WATER TECHNOLOGY RESOURCES, INC.

Principal Place of Business
1946 78 CT
VERO BCH FL 32966
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
26

22 City & State
23 Zip
24 Country

25 Zip
26 Country

27 Zip
28 Country

29 Zip
30 Country

9. Name and Address of Current Registered Agent
NUNN, PAUL P
1005 CARIBBEAN AVE
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLADEN, DONALD H		1.2 NAME	
STREET ADDRESS	1946 78TH COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH. FL 32966		1.4 CITY-ST-ZIP	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNN, PAUL J		2.2 NAME	
STREET ADDRESS	3325 SUNRISE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNN, PAUL P		3.2 NAME	
STREET ADDRESS	1005 CARIBBEAN AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECTON, RONALD A		4.2 NAME	
STREET ADDRESS	6005 NETTLE PATH DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Donald H. Bladen* TRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99 561-562-0543

Date Daytime Phone #

CR2E034 (11/98)

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