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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000066072

CITY-ST-ZIP

AQUA WATER TREATMENT, INC.

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Principal Place	e of Business	Mailing Address						
8195 E. BAY BLVD		8195 E. BAY BLVD				i		
NAVARRE FL 32566		NAVARRE FL 32566		DO NOT WRITE IN	THIS SPACE			
US		US				3. Date Incorporated or Qualifed	THIS SPACE	
						09/22/1993		
2. Principal Pl	lace of Business	2a. Mailing Address	· 			4. FEI Number		Applied For
21		26				59-3205145		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Additional Required
City 8 State		City & State				6 Flashing Compaign Figureing		0 May Be
City & State	e	28				6. Election Campaign Financing Trust Fund Contribution		ed to Fees
23] Zip	Country	Zip	Coi	untry		8. This corporation owes the current ye		30 10 1 300
 '		29	30	unit,		Personal Property Tax.	ai iiitaligible □Yes	□No
24	9. Name and Address of Current		1301	Т		10. Name and Address of New Registe		,
		t Kegisterea Agent		81	Name	To the time of time of the time of time of time of the time of tim		
WEA	THERS, ANTHONY W							
	EAST BAY BLVD			82	Street Add	Address (P.O. Box Number is Not Acceptable)		
	ARRE FL 32566			00			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	10 1 1 101
14117	THE PE GEOOG	•		83			建四半军制制	
				84	City		FL 85 Zi	p Code
office or re	4- 4b delena of Cartions 607 0501	of Florida. Such change was a	authorize	d by th	named corporati	poration submits this statement for the purpo ion's board of directors. I hereby accept the a	se of changing	its registered registered
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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 chapter 607, or on an altachment with an address, writtrall other like empowered. 850.439.9055

SIGNATURE:

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90059 011 ***150.00