**FILED** 

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POSOCOCOTSO

1. Corporation	E WATER TECHNOLOGIES,		ù	
Principal Place	of Business	Mailing Address		F (\$80(1\$80 tim 10100 lish 40114 BDIN DENCEDING TONA BOIN (BDDS INTH 3811 1801
12962 SW 132ND AVENUE MIAMI FL 33186 US		12962 SW 132ND AVENUE MIAMI FL 33186 US		DO NOT WRITE IN THIS SPACE
00		00		3. Date Incorporated or Qualifed 09/30/1993
	/ During	2a. Mailing Address		4 FEI Number Applied For
	ace of Business	26 26		65-0447697 Not Applicable
Suite, Apt.	#retc	- Suite, Apt#, etc		
22	.,,	27		5. Certificate of Status Desired Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution  5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25		30	Personal Property Tax. LYes LINO  10. Name and Address of New Registered Agent
	9. Name and Address of Curren	Registered Agent	81 Name	10, Name and Address of New Registered Agent
1201	Poration Service Company Hays Street Ahassee FL 32301-2525		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
			84 City	■■ 85 Zip Code
				FL
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	thonzed by the corpora da Statutes.	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
01010110112	Signature, typed or printed name of registered agen	<del></del>	Registered Agent signature requ	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change ☐ Addition
TITLE	CEO Lubin, Mark	C) SEELE	1.2 NAME	ok grange [] Addition
NAME	8255 SW 163RD STREET		1.3 STREET ADDRESS	
STREET ADDRESS	MIAMI FL 33157		1.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	V	) DELETE	2.1 TITLE	. Change Addition
NAME	LUBIN, ELLEN	-rite	2.2 NAME	,
STREET ADDRESS	8255 SW 163RD STREET		2.3 STREET ADDRESS	ويتعلق فليتراث والمراجع المراجع
CITY-ST-ZIP	MIAMI FL 33157		2. 4 CITY-ST-ZIP	
TITLE	С	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POSSATI, MARCO		3.2 NAME	
STREET ADDRESS	3725 LEAFY WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133		3.4. CITY-ST-ZIP	
TITLE	D	DELETE.	4.1 TITLE	☐ Change ☐ Addition
NAME	STEIN, MARVIN		4. 2 NAME	
STREET ADDRESS	11411 SW 131ST AVENUE		4.3 STREET ADDRESS	
CITY-\$T-ZIP	MIAMI FL 33186		4.4 CITY-ST-ZIP	C Channe C Addition
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHOLL, DENNIS		5.2 NAME 5.3 STREET ADDRESS	•
STREET ADDRESS	1500 SAN REMO AVENUE.,#17	D	5.4 CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES FL 33146	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE	D WATSON MADY	F7 OFFER	6.2 NAME	
NAME	WATSON, MARK		6.3 STREET ADDRESS	

MIRAMAR FL 33025 14. I hereby certify that the information supplied with this filling 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 of the receiver of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: