## JTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. NT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000071529 (0)

CHATEAU H2O, INC.

STREET ADDRESS

CITY-ST-ZIP

į								
Principal Place of Business Mailing Address								######################################
6398 DANNER DR.		-	6398 DANNER DR.				İ	
SARASOTA FL		_	SARASOTA FL 34240					
			<del>*************************************</del>				DO NOT WRITE IN	THIS SPACE
							3. Date Incorporated or Qualified	
							10/08/1993	
2. Principal P	lace of Business	2a. Mailing /	2a. Malling Address				4. FEI Number	Applied For
21		26					65-0443942	Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional
22		27						Fee Required
City & Stat	e		City & State				8. Election Campaign Financing	\$5.00 May Be
23		28					Trust Fund Contribution L	Added to Fees
Zip	Country	Zip	·		itry		8. This corporation owes or has paid the	
24	25	29	<del> </del>	30			Personal Property Tax due June 30.	Yes No
550	9. Name and Address of Curr	ent Kegistered Ag	ent		81	Name	10. Name and Address of New Registr	ered Agent
	WNING, ROBERT W JR.			- 1	۱.	1101110		
	2ND ST.					Street Addres	ss (P.O. Box Number is Not Acceptable)	
1	E 900			ļ,	83			<u> </u>
SAR	asota fl 34236				03			
				1	84	City		85 Zip Code
								FL   S   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			1212					
					d Ag	ent aignature require	ed when reinstating)  ADDITIONS/CHANGES TO OFFICER	ATE
12.	P OFFICERS.	AND DIRECTORS	7	13.			ADDITIONS/CHANGES TO OFFICER	<del></del>
TITLE	ERB, RICHARD K	L	DELETE	1				L Change L Addition
4506 4550 5 40104 5040			I		1.2 NAME 1.3 STREET ADDRESS			
STREET ADDRESS	SARASOTA FL 34232							
CITY-ST-ZIP TITLE	SANASOTA FL 34232	<del></del>	7	1.4 CITY 2.1 TITL		ZIP		
		L.	_ DELETE	2.2 NAM				Change Addition
NAME								
STREET ADDRESS						ADDRESS		~4
CITY-ST-ZIP		<del></del>	755,555	2.4 CITY 3.1 TITL		ZIP		<del></del>
		L	DELETE	3.1 IIIL				L Change L. Addition
NAME						4DDD500		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			7	3.4 CITY 4.1 TITL		ZiP		
		OLLETTE						L Change L_ Addition
NAME				4.2 NAM		ADDOCCC		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP		<del></del>	<b></b>	4.4 CITY		ZIP		
TITLE	•	L	DELETE	5.1 TITL				Change Addition
NAME				5,2 NAM		1000000		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP			¬	5.4 CITY		ZIP		
TITLE		L	DELETE	6.1 TITL				Change Addition
NAME	1			6.2 NAM	AE.			

6.3 STREET ADDRESS

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 the trip 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.

Jul 23 1998 8:00am

Secretary of State