

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017604 (7)

1. Corporation Name

WATER WIZARD INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 410 1/2 PENN. AVE. LYNN HAVEN FL 32444		Mailing Address POB 592 LYNN HAVEN FL 32444	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
3. Date Incorporated or Qualified 03/01/1994		4. FEI Number 59-3258987	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent MIXDORF, DANIEL J 410 PENN AVE LYNN HAVEN FL 32444		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	410 PENN.AVE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	LYNN HAVEN FL 32444	2.1 TITLE	2.2 NAME
TITLE	VP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME	DANIEL J. MIXDORF	3.1 TITLE	3.2 NAME
STREET ADDRESS	4018 MILANO RD	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	PANAMA CITY FL 32405	4.1 TITLE	4.2 NAME
TITLE		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME		5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP		6.1 TITLE	6.2 NAME
TITLE		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME			
STREET ADDRESS			
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.

SIGNATURE: *Daniel J. Mixdorf* 3/25/98 (80)345-2248

CR2E034 (10/97)