FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -9 PM 3:55

DOCUMENT # P94000031841 (7)

1. Corporation Name

EXCLUSIVELY WATER, INC.

Principal Place of Business	Mailing Address
2400 E. COMMERCIAL BLVD. SUITE 820 FORT LAUDERDALE FL 33308	2400 E. COMMERCIAL BLVD. SUITE 820 FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 6550 N. Federal Hwy	26 27 Winnebago Road
Suite, Apt. #, etc. 22 Suite 340	Suite, Apt. #, etc. 27 —
City & State 23 Ft. Laud. Florida	City & State 28 Ft. Laud. Florida
Zip 24 33308 · Country 25 USA	Zip 29 33308 · Country 30 USA

4. FEI Number: 65-0488221 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 E. COMMERCIAL BLVD.
SUITE 820
FORT LAUDERDALE FL 33308

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	P ☐ Change ☑ Addition
NAME	CLARK, THOMAS M	1 2 NAME	Deborah Backer
STREET ADDRESS	2400 E. COMMERCIAL BLVD., SUITE 820	1 3 STREET ADDRESS	27 Winnebago Rd.
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	1 4 CITY-ST-ZIP	Ft. Laud, Florida 33308
TITLE		2 1 TITLE	T ☐ Change ☑ Addition
NAME		2 2 NAME	Bradd S. Backer
STREET ADDRESS		2 3 STREET ADDRESS	27 Winnebago Rd.
CITY-ST-ZIP		2 4 CITY-ST-ZIP	Ft. Laud, Fl 33308
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I further certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Bradd S. Backer — 2-21-95 — (305) 786-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · Telephone Number

Bradd S. Backer

0214433 CP