

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION -  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:26

DOCUMENT # **P94000035109 (5)**

1. Corporation Name

**GREAT AMERICAN WATERS, INC.**

Principal Place of Business

15032 N.W. 82ND AVE.  
MIAMI FL 33016

Mailing Address

15032 N.W. 82ND AVE.  
MIAMI FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/10/1994**

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt # etc

2a. Mailing Address

26 State, Apt # etc

4. FEI Number

**65-0529421**

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. Does corporation have liability for franchise fee under ch. 197.632, Florida Statutes

Yes  No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAKE, JOHN H  
15032 N.W. 82ND AVE.  
MIAMI FL 33016**

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

Signature of the current registered agent and the filer.

Signature of the registered agent (signature required when remaining).

(24)

12. OFFICERS AND DIRECTORS	
TITLE	<del>PD</del>
NAME	<del>LYONS, DARRYL E</del>
STREET ADDRESS	<del>15032 N.W. 82ND AVE.</del>
CITY, ST, ZIP	<del>MIAMI FL 33016</del>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

**DELETE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<b>PVP STD</b>
2. NAME	<b>BRAKE, JOHN H.</b>
3. STREET ADDRESS	<b>15032 NW 82ND AVE.</b>
4. CITY, ST, ZIP	<b>MIAMI, FL 33016</b>
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information entered 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 of this report, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

**JOHN H. BRAKE**

**5/12/95 905978**

**6014**