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

Apr 20 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name P94000068760 (5) BILL LARSEN WATER-TREATMENT SYSTEMS, INC. Principal Place of Business Mailing Address 14421 PEACE BLVD. 14421 PEACE BLVD. SPRING HILL FL 34610 SPRING HILL FL 34610 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1994 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 59-3185803 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc. \$8.75 Additional Γ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zio Country This corporation owes or has paid the current year Intangible Yes □ No 25 30 Personal Property Tax due June 30. 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LARSEN, WILLIAM C 14421 PEACE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34610 83 84 City Zip Code 85 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, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE Change Addition TITLE 1.1 TITLE LARSEN, WILLIAM C NAME 1.2 NAME 14421 PEACE BLVD. STREET ADDRESS 1.3 STREET ADDRESS SPRINGHILL FL 34610 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CiTY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TOLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **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 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 or trustee empanded 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 attraction with an address.

CITY-ST-ZIP

SIGNATURE:

FILED