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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 22 1998 8:00am

Secretary of State

Sandra R. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P94000071293 (2)

DALKALITSIS EQUIPMENT CORPORATION

Principal Plac	e of Business	Mailing Address					111 82111 1848)	IIII A IIBID IS	IIAA tini IAss
2401 FORES		2631-A NW 41ST ST							
INVERNESS FL 34453 GAINESVILLE FL 32606					DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified	10 011 11	AUL	
						09/26/1994			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	<u>-</u>	Ar	oplied For
21		26				59-3273706		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27							equired
City & Stat	e e	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	Ш		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has pai	,		tangible T No
24	25 9. Name and Address of Curre	29	30			Personal Property Tax due June 10. Name and Address of New Reg			<u> </u>
		ent Registered Agent		81 Name		10. Name and Address of New Reg	Jistereu At	Aeur	
	NG, WILLIAM D.			OI MALINE					
	31 N.W. 41ST STREET JITE A			82 Street	Addre	ss (P.O. Box Number is Not Acceptable	le)		
1	AINESVILLE FL 32606			83					
				84 City			T:	85 Zip	Code
		00 1007 1500 51 / 1 0111	0.00				FL	 	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stat	e of Florida, Such change was	utes, the at authorized	bove-named by the cor	oorpo ooratio	ration submits this statement for the pr n's board of directors. I hereby accep	urpose or c t the appoi	nanging ii intment as	registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, I	lorida Stat	utes.	•	, .	• •		Ū
SIGNATURE									
-10	Signature, typed or printed name of registered as		TE: Registered	Agent signature	e required	I when reinstating)	DATE		
12.						A DESTANDADI ANDRES TO OFFICE			OF IMPO
		ND DIRECTORS		7.5	_	ADDITIONS/CHANGES TO OFFIC			
TITLE	Р	ND DIRECTORS DELETE	1.1 TII			ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE NAME	P King, William D.		1.1 TII 1.2 NA	ME		ADDITIONS/CHANGES TO OFFIC			
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14. I hereby certily that the information supplied with this filling 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