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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P94000076118 (6)

CONTRACT DEWATERING, INC.

	of Purinees	Mallera Addresso						
Principal Place	of Business	Mailing Address	Mailing Address					*** (120) 1211 1941
18223 JUPITEI JUPITER FL 3	r Landings dr 3458	19223 JUPITER LANDI JUPITER FL 33458	18223 Jupiter Landings dr Jupiter Fl 33458					
							Date of Last	,
2. Principal Pla	ce of Business	2a. Mailing Address	2a. Mairing Address			4. FEI Number	05/11/19	Applied For
1		26	F:-¬,			65-0533973		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
2		27						e Required
City & State		Oity & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	p Country		7747 MATT	R. This corporation has liability for intangible tax under s 199.032,		
4	25 29		30	•		Florida Statutes X Yes No		0 100.002,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Register	ed Agent	
			8	B1	Name			
NEWHAL		8	32	Street Addre	dress (P.O. Box Number is Not Acceptable)			
	S HWY ONE		L	33				
SUITE 20			ľ	13				
FEUUES	TA FL 33469		8	34	City		85	Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fio h, and accept the obligations of, Sec Signature, bysed or protect name of magnetical ag-	rida. Such change was authori. ction 607.0505, Florida Statute কাৰণ বিশিক্ষক এচি	ized by the co os. #OTE: Bigistered Ap	orpc 	oration's board		t as registere	ed agent. I am
TITLE		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
NAME	d Stevens, Kevin	_		1 1 TITLE 12 NAME			Change	e 🔲 Addition
STREET ADDRESS	18223 JUPITER LANDINGS	NR .			ADDRESS			
CITY+ST-ZIP	JUPITER FL 33458	DIT	14 CITY					
TITLE		☐ ĐELETE		2 1 TITLE			Change	e 🔲 Addition
NAME			2.2 NAM	Λ£				
STREET ADDRESS			2 3 S1HF	£٤Li	ADDRESS			
CITY-ST-ZIP				2.4 CiTY - ST - ZiP				
TITLE		DELETÉ		3 1 THLE			Change	e 🔲 Addition
NAME			3 2 NAM		ŀ			
STREET ADDRESS					ADDRESS			
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NAME			4.2 NAM				Change	. [] Addition
STREET ADDRESS					ADDRESS			
CITY-SI-ZIP			4.4 CiTY		1			
TITLE		DELETE	5 FTIR				Change	e 🔲 Addition
NAME			5.2 N4M	ΛE				
STREET ADDRESS			53STRE	ELT.	ADDRESS			
CITY-ST-ZIP			5.4 CITY	/- \$ [†]	r - 715			
TITLE		☐ DELETE	6 : JIT	ιE			Change	e 🔲 Addition
NAME:			6.2 NAM	ÆΕ				
STREET ADDRESS			63 STRE	EET.	ADDRESS			
City-ST-ZIP			6.4 CITY					
14. I do hereby certify that	/ certify that the information supplied the information indicated on this an	3 with this filing is voluntarily fur nual report or supplemental an	rnished and de inual report is	oes trui	s not qualify for ie and accurati	or the exemption stated in Section 119.07(3)(k), e and that my signature shall have the same le	Florida Stat gal effect as	utes. I further of made under

• To hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 Dayana Proce #