

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000078780 (1)**

1. Corporation Name
SUNDANCE WATER SYSTEMS, INC.



Principal Place of Business: **6931 ORIENT RD TAMPA FL 33610 US**
Mailing Address: **1539 SW 15th WAY SUITE B BELL, FLORIDA 32619 USA**

3. Date Incorporated or Qualified: **10/24/1994**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **65-0533370**
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

2. Principal Place of Business: **1539 SW 15th WAY SUITE B BELL, FLORIDA 32619 USA**
2a. Mailing Address: **SAME**
22. Suite, Apt. #, etc.: **SUITE B**
23. City & State: **BELL, FLORIDA**
24. Zip: **32619**
25. Country: **US**

9. Name and Address of Current Registered Agent: **TURLEY, JUDY D 6931 ORIENT RD TAMPA FL 33610**
10. Name and Address of New Registered Agent: **BELL 1539 SW 15th WAY, SUITE B BELL FL 32619**

11. Pursuant to the provisions of Sections 607.0507 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: *Judy D. Turley* **JUDY D. TURLEY** 22 JANUARY 1996

12. OFFICERS AND DIRECTORS

TITLE	TURLEY, JUDY D	<input type="checkbox"/> DELETE
NAME	13915 FLETCHERS MILL DRIVE	
STREET ADDRESS	TAMPA FL	
CITY-ST-ZIP		
TITLE	0	<input type="checkbox"/> DELETE
NAME	KNIGHT, KENNETH D	
STREET ADDRESS	13915 FLETCHERS MILL DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	KNACHIKIAN, ARTOOSH	<input type="checkbox"/> DELETE
NAME	10409 NORTH 27th STREET	
STREET ADDRESS	TAMPA 33612	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY - TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	1539 SW 15th WAY	
13 STREET ADDRESS	BELL, FLORIDA 32619	
14 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	1539 SW 15th WAY	
23 STREET ADDRESS	BELL, FLORIDA 32619	
24 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 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: *Judy D. Turley* 22 JAN 96 (904) 463-7395

CR2E034 (12/95)