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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000051397 (4)

WATER CONSERVATION SPECIALISTS, INC.

6560 W RODGERS CIRCLE 6560 W RODGERS CIRCLE DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487 BOCA RATON FL 33487** 3. Date Incorporated or Qualified 06/30/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0595265 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEON, STEPHEN 6560 W RODGERS CIRCLE Street Address (P.O. Box Number is Not Acceptable) STE #16 **BOCA RATON FL 33487** 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, typed or printed name of requirered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS DELETE Addition 1.1 TITLE TITLE PTD LEON, STEPHEN V 1.2 NAME NAME Leon, Stephen 2300 CORPORATE BLVD NW SUITE 236 1.3 STREET ADDRESS STREET ADDRESS 6560 W. Rogers Circle, Suite 16 **BOCA RATON FL** CITY-ST-ZIP 1.4 City-ST-ZiP Boca Raton, FL 33487 DELETE Change XX Addition TITLE 2.1 TIFLE S D NAME 2.2 NAME Leon, Cynthia STREET ADDRESS 2.3 STREET ADDRESS 6560 W. Rogers Circle, Suite 16 CITY - ST - ZIP 2. 4 CITY-ST-ZIP Boca Raton, FL 33487 Change XX Addition DELETE TITLE 3.1 TITLE V D NAME 3.2 NAME Leon, Eric STREET ADDRESS 3.3 STREET ADDRESS 6560 W. Rogers Circle, Suite 16 CITY-ST-ZIP 3.4. CITY-ST-ZIP Boca Raton, FL 33487 DELETE TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 City - St - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIF 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 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 for an attachment with an address.