

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000051605 (0)

1. Corporation Name

QUALITY WATER WORKS, INC.

Principal Place of Business

1485 VAN ARSDALE ST
OVEIDO FL 32765
US

Mailing Address

P O BOX 621926
OVEIDO FL 32762-1926
US

APPROVED
AND
FILED

1997 JUL 18 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/03/1995		02/26/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-3323024		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

WHITE, MARTIN B
1012 SOLDIER CREEK CT
OVEIDO FL 32765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1570 EAGLE NEST CIRCLE

83

84 City

WINTER SPRINGS FL

85 Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change Addition
NAME	WHITE, MARTIN B	1.2 NAME	
STREET ADDRESS	1012 SOLDIER CREEK COURT	1.3 STREET ADDRESS	1570 EAGLE NEST CIRCLE
CITY-ST-ZIP	OVEIDO FL 32765	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	ST	2.1 TITLE	Change Addition
NAME	NORWOOD, DEBORAH E	2.2 NAME	
STREET ADDRESS	1012 SOLDIER CREEK COURT	2.3 STREET ADDRESS	2855 OAK SHORE RD.
CITY-ST-ZIP	OVEIDO FL 32765	2.4 CITY-ST-ZIP	OVEIDO, FL 32766-5050
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	100002246861--4
STREET ADDRESS		4.3 STREET ADDRESS	-07/24/97--01082--018
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE

[Signature]

7/14/97 (407) 325-1881

CP2E034 (4/97)