FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000067352 (1)

ELIMINATOR WATER SYSTEMS, INC.

Principal Place 2304 SW 53RD CAPE CORAL I		Mailing Address 2304 SW 53RD ST CAPE CORAL FL 33914-688	N8		
				3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report 04/25/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# atc	26 Suite, Apt. #, etc.		65-0610403	Not Applicable
22	π, οισ.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199,032,
24	25 9. Name and Address of Curre	29 29 Apont	30		Yes No
KED	ECZ, ROBERT	iii negistereu Agent	81 Name	10. Name and Address of New Reg	Istered Agent
	SW 53RD ST				
	E CORAL FL 33914		82 Street /	Address (P.O. Box Number is Not Acceptable	e)
			83		
			84 City		lot 2. Code
					FL 85 Zip Code
SIGNATURE	Signature typed or printed name of registered ag	en and tile displicative. (NOTE	Fingistored Agent signature		DATE
12.	OFFICERS AN	ID DIRECTORS DILETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	KERECZ, ROBERT	[] טוננונ	1.1 TITLE	3	Change Addition
STREET ADDRESS			1.2 NAME 1.3 STHEET ADDRESS	KERECZ, DIANNE 2304 S.W. 53RD. ST. CAPE CORAL, FL. 33914	
CITY-ST-ZIP	CAPE CORAL FL 33914		14 CITY - S1 - 7IP	CAPE CORAL, FL. 33914	
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CiTY+S1+ZIP		i
TITLE		☐ DELETE	: 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Drift	3.4. CITY- \$1 - 7IP		
NAME		L.J DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		El cuando El Muniton
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TIFLE		☐ DELETE	G.1 TITLE		Change Addition
NAME			6.2 NAME		

64 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 suppliemental 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 recipier 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.