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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

4/1197 GS4)255-0484

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080824 (2)

WATER SERVICE TECHNOLOGIES, INC.

4691 UNIVERSITY DR 4891 UNIVERSITY DR SUITE 347 SUITE 347 **CORAL SPRINGS FL 33065** CORAL SPRINGS FL 33067-4620 3. Date Incorporated or Qualified 3a. Date of Last Report 10/20/1995 05/16/1996 2. Principal Place of Business 2a. Malling Address Applied For APPLIED FOR 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☑ No 24 25 29 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GOLDSTEIN, RUTH A 1633 H NW BOTH AVE Street Address (P.O. Box Number is Not Acceptable) MARGATE FL 33063 83 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 Signative ityp- dior pointed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE TITLE Change 11 TOLE GOLDSTEIN, RUTH A NAV: 1.2 NAME 11612 1633 H NW 80TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 DITY-ST-70P 1.4 CITY - ST - ZIP DELETE TOUR 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS COY \$1.79 2.4 CITY-ST-ZIP DELETE 101: F 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-7IP 3.4 CITY-ST-7IP DELETE TITLE 4.1 TITLE Addition NAME 4 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS CEY-SI-76 4.4 CITY - ST - ZIP DELETE Change Addition DRUE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS OTT STAP 54 CITY-ST-ZIP DELETE TILE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS **63 STREET ADDRESS** 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 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.