

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

FILED

May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000013558 (7)

1. Corporation Name
THREE SISTERS SPRINGS WATER COMPANY



Principal Place of Business: 315 EAST MADISON STREET, SUITE 1000, TAMPA FL 33602
Mailing Address: 315 EAST MADISON STREET, SUITE 1000, TAMPA FL 33602-4842

3. Date Incorporated or Qualified: 02/09/1996
3a. Date of Last Report
4. FEI Number Applied For: Not Applicable
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: 21 500 E. Kennedy Blvd., Suite, Apt. #, etc. 22 Suite 250 23 Tampa, FL 24 33602 25 USA
2a. Mailing Address: 26 500 E. Kennedy Blvd., Suite, Apt. #, etc. 27 Suite 250 28 Tampa, FL 29 33602 30 USA

9. Name and Address of Current Registered Agent: FOTOPULOS, THOMAS E SO, 315 EAST MADISON STREET, SUITE 1000, TAMPA FL 33602
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 500 E. Kennedy Blvd., 83 Suite 250, 84 City: Tampa, FL 85 Zip Code: 33602

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] THOMAS E. FOTOPULOS 4/30/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	GOODMAN, HARVEY	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 800 WEST AVE		1.2 NAME:	15105 N.W. 77th Avenue
CITY-ST-ZIP: MIAMI FL 33139		1.3 STREET ADDRESS:	Miami, FL 33014
TITLE:		1.4 CITY-ST-ZIP:	
NAME:		2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
STREET ADDRESS:		2.2 NAME:	Thomas E. Fotopulos
CITY-ST-ZIP:		2.3 STREET ADDRESS:	500 E. Kennedy Blvd., Suite 250
TITLE:		2.4 CITY-ST-ZIP:	Tampa, FL 33602
NAME:		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
TITLE:		3.4 CITY-ST-ZIP:	
NAME:		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE:		4.4 CITY-ST-ZIP:	
NAME:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE:		5.4 CITY-ST-ZIP:	
NAME:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
TITLE:		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.

CR2E034 (9/96)