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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000014577 (6)

1. Corporation Name

WATER & LIFESTYLES PLUS, INC.



Principal Place of Business

1655 S. MISSOURI AVENUE
CLEARWATER FL 34616

Mailing Address

1655 S. MISSOURI AVENUE
CLEARWATER FL 34616, 7220

changed to:

changed to:

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 13610 WRIGHT CIRCLE

2a. Mailing Address

26 13610 WRIGHT CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TAMPA, FL 33626

City & State

28 TAMPA, FL 33626

Zip

24 33626

Country

25 Hillsborough

Zip

29 33626

Country

30 Hillsborough

5. Certificate of Status Desired

Applied For

Not Applicable

6. Election Campaign Financing
Trust Fund Contribution

\$8.75 Additional
Fee Required

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

MILLER, SCOTT
1855 S. MISSOURI AVENUE
CLEARWATER FL 34616

13610 WRIGHT CIRCLE
TAMPA, FL 33626

81 Name

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

83

84 City

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME MILLER, SCOTT
STREET ADDRESS 2721 HAVERHILL CT
CITY-ST-ZIP CLEARWATER FL 34621

TITLE D DELETE
NAME MILLER, EDWARD
STREET ADDRESS 6816 THOROUGHbred LOOP
CITY-ST-ZIP ODESSA FL 33556

TITLE D DELETE
NAME WELLES, ANGELA
STREET ADDRESS 2703 SAND HOLLOW CT
CITY-ST-ZIP CLEARWATER FL 34621

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Cheryl Miller Secretary Change Addition
1.2 NAME
1.3 STREET ADDRESS 6616 THOROUGHbred LOOP
1.4 CITY-ST-ZIP ODESSA, FL 33556

2.1 TITLE V.P. ADMINISTRATION Change Addition
2.2 NAME LORI RICHARDSON
2.3 STREET ADDRESS 5609 KINGfish DR. APT. A.
2.4 CITY-ST-ZIP WFTZ, FL 33549

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)