


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

FILED

**Mar 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000030178 (3)
1. Corporation Name
A + WATER SYSTEMS AND TECHNOLOGY INC.



Principal Place of Business: 511 12TH STREET NORTH BEACH ST. AUGUSTINE FL 32095
Mailing Address: 511 12TH STREET NORTH BEACH ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 356 TIRANA AVE
22 ST AUGUSTINE FL
23
24 Zip 32095 25 Country USA

2a. Mailing Address
26 356 TIRANA AVE
27
28 ST AUGUSTINE FL
29 Zip 32095 30 Country USA

3. Date Incorporated or Qualified: 04/08/1996

4. FEI Number: 59-3374038

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
GUIDI, BARBARA
511 12TH STREET NORTH BEACH
ST. AUGUSTINE FL 32095

10. Name and Address of New Registered Agent
81 Name: GUIDI BARBARA
82 Street Address (P.O. Box Number is Not Acceptable): 308 RAINTREE TRAIL
83 ST AUGUSTINE
84 City: ST AUGUSTINE FL 85 Zip Code: 32086

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: BARBARA GUIDI - VICE PRESIDENT
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 2-26-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GUIDI, BARBARA	
STREET ADDRESS	511 12TH STREET NORTH BEACH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUIDI, BARBARA	
1.3 STREET ADDRESS	308 RAINTREE TRAIL	
1.4 CITY-ST-ZIP	ST AUGUSTINE FL 32086	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: BARBARA GUIDI - VICE PRESIDENT
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 2-28-98 904-829-3313

CR2E034 (10/97)