SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600040324 (1)

CREATIVE WATER CONCEPTS, INCORPORATED

Principal Place of Business

Mailing Address

FILED Sep 19 1997 8:00am Secretary of State



riiioipai riac	o of positions	Mailing Address			1				
1820 HENDRI JACKSONVILI	ICK\$ AVENUE LE FL 32207	1620 HENDRICKS AVENUE JACKSONVILLE FL 32207							
		######################################				DO NOT WRITE	IN THIS SE	PACE	
					Date Incorpora	ited or Qualified	3a. Date	of Last	Report
					05/06/199	3	5	5/96	
2. Principal P	Place of Business	2a. Mailing Address			l 4. FEt Number		·	11	Applied For
21 2022		26 ZOZZ SAN N	ARCO	BLVO	59-34	19883			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of S	tatus Desired			Additional
22		27			J. Continuate of a			Fee	Required
City & Stat		City & State	12	FL	6. Election Camp			,	O May Ee
7in	Country	28 JACKSONVILL	Countr		Trust Fund Cor		<u> </u>		d to Fees
Zip 3 Z 2	2 07 25 USA		o Countr	SA		erty Tax due June	30. 🔀	Yes	Intangible No
	9. Name and Address of Current	Registered Agent		.,	10, Name and Ad	dress of New Reg	istered A	gent	
KIF	RCHER, SALLY J ESQ		81	Name					
INDEPENDENT LIFE BUILDING 82					reet Address (P.O. Box Number is Not Acceptable)				
SUITE 3303 ONE INDEPENDENT DRIVE									
JA	CKSONVILLE FL 32202		83	3					
			84	City				85 Zi	p Code
				J			FL		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State c	t and 607.1508, Florida Statutes of Florida. Such change was aut	, the abov thorized b	re-named by the con	corporation submits this s poration's board of directo	latement for the pr rs. I hereby accep	urpose of d the appoi	hanging intment a	its registered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Stalule	s.			· · · · · · · · · · · · · · · · · · ·		
SIGNATURE									
12.	Signature, typed or printed name of registered agent OFFICERS AND		tegislered Ag	jent signature	required when reinstating)	ANGES TO OFFIC	DATE EDC AND I	NIDECTO	200 (N.14)
Trite	D	DELETE	1.1 TITLE		ADDITIONS/CH.	ANGES TO OFFIC		Change	
NAME	ARQUIT, MICHAEL L		1.2 NAME		Mecany Diama	۰		0.00.B	· PSAIGIONION
STREET ADDRESS	2037 MIDNIGHT MOON TRAIL		1	I ADDRESS	MªCANN RICHA 5215 SAN JOSE	P. S.	0/-		\{
CITY-ST-ZIP	JACKSONVILLE FL 32246		1.4 CiTY -		The Country	. 1224 A. 1224	υφ • 7		
TITLE	D D	DELETE	2.1 TOLE	21-71	Jacksonling	7 144		Change	Addition C
NAME	MONTGOMERY, TED S	A	2.2 NAME						
STREET ADDRESS	1528 FLAGLER AVENUE			T ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32207		2.4 CITY						ì
TITLE	V.101100111122 1 2 02201	DELFTE	3.1 TITLE	31.711		·····		Change	Addition
NAME			3.2 NAME		}				
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			3.4. CITY		•				
TITLE	•	DELETE	4.1 TITLE					Change	noilith
NAME		_	4, 2 NAME				-	•	-
STREET ADORESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			1]				
TITLE			4.4 CITY-	ST-7/P					
		DELETE	4.4 CITY- 5.1 TITLE	ST-7IP				Change	Addition
NAME		DELETE					L	Change	Addition
NAME STREET ADDRESS		DELEJE	5.1 TITLE 5.2 NAME					Change	Addition
		DELETE	5.1 TITLE 5.2 NAME	T ADDRESS				Change	Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS				Change	
STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	T ADDRESS ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE			5.1 MILE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 MILE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS S1-ZIP					

14. I do hereby certify that the information supplied with this filing docs 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 it changed, or open attachment with an address.