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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . . . DIVISION OF CORPORATIONS FILED

97 JUN 27 PM 2: 56

SECRETARY OF STATE TALLAHASSEE FLORIDA

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AMERICAN WATER TREATMENT CORPORATION

Principal Place of Business Mailing Address 3001 W. COMMERCIAL BLVD. 3801 W. COMMERCIAL BLVD. **BUITE 21** SUITE 21 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309-3320 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0691749 21 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 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032. ☐ Yes ☐ No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PERLMAN, JONATHAN E りいしみんたし bumbers 200 SOUTH BISCAYNE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 3150 MIAMI FL 33131** 83 910 Corn Ringe 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 agent, by 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, and accept the obligations of, Section 607.0505, Florida Statutes. 84 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE SECRETARY Change TITLE 11 TITLE NAME 1.2 NAME MICHAE ---06/22/92/90-000 --07/02/97--01077--025 BUMBERG STREET ADDRESS 1.3 STREET ADDRESS 910 COP4 103 CITY-ST-ZIP 1.4 CITY-ST-ZIP ****165.00 TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS SAKIUGS. 33076 CITY-ST-Z 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE TITLE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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. 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 chartyfid, of on an integrity an address.