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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076717 (3)

PH WATER SOLUTIONS, INC.

| Principal Place of Busiliess Mailing Address | | | | | | | | | | | | | | |
|--|---|--|---------------------------------|------------------------------------|----------------------|----------------|---|--------------------------------------|---|--|-------------------------|--------------------------------|--------------------------|---------------------------------|
| 1001 N. U.S. | HIGHWAY 1 | 1001 N. L | 1001 N. U.S. HIGHWAY 1 | | | | | | | | | | | |
| SUITE 409 | | | SUITE 409 | | | | | | | D0 | NOT WOLL | E IAI TUUR (| 00405 | |
| JUPITER FL 33477 | | | JUPITER FL 33477 | | | | | - | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | | | |
| ļ | | | | | | | | 1 | | | or Qualified | | | |
| | | | - | | | | | | | /1996 | | | | |
| | lace of Business | 2a. Mailing Address | | | | | - | 4. FEI Nur | | | | h | Applied For | |
| 21 | | 26 | | | | | | <u>65-(</u> |)70467 <u>9</u> | | | | Not Applicable | |
| Sulte, Apt. | #, etc | Suite, Apt. #, etc. | | | | | | 6 Certifica | ate of Status | Desired | | | Additional | |
| 22 | | 27 | | | | | | | | | Fee | Required | | |
| City & Stat | e | City & State | | | | | 6. Election | Campaign | Financing | | \$5.0 | May Be | | |
| 23 | | | 28 | | | | | | Trust Fu | und Contribu | tion | | Adde | d to Fees |
| Zip Country | | | Z _{IP} Coun | | | ountry | | 8. This corporation owes or has paid | | | aid the cur | id the current year Intangible | | |
| 24 | 25 | | 29 | | 30 | | | | Persona | al Property To | ax due June | e 30. | Yes | ☐ No |
| | 9. Name and | egistered Agent | | | | | 10. Name and Address of New Registered Agent | | | | | Agent | | |
| BÓ | NGARD, THOMA | IS G | | | | 81 | Nan | ne | | | | | | |
| | DI N. U.S. HIGH | | | | | | - 4 A ml ml | - (D.O. Day | Ni mala a a ta N | 1-4 8 | h la l | | | |
| | ITE 409 | | | | 82 | Stre | eet Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 4 | | | | | | 83 | | | | | | | | |
| , JUI | PITER FL 33477 | | | | | | | | | | | | | |
| İ | | | | | | 84 | City | | | | | FI | 85 Zi | p Code |
| dd Diversion | to the manifolding of | (Continue COZ DE CO | | Clasida Otalut | | | | | ad a a sa banali | - this -t-t | | | | 14.2 Tarastan |
| office or r | to the provisions o epistered agent, o | f Sections 607.0502 r both, in the State of | and 607 1508 f Florida. Suct | , Fibrida Statut 1 change was a | ies, ine authoriz | above ed by | :-nam :the c | ea corpora corporation | ation submit a's board of | s trus statem d irectors. I h | ent for the pereby acce | purpose or of the app | r changing ointment a | its registerea as reaistered |
| agent. I a | ım 'fa miliar wilh, an | r both, in the State of d accept the obligati | ons of, Section | n 607.Ŏ5 0 5, Flo | orida St | tatutes | i. | • | | | , | | | • |
| SIGNATURE | _ | | | | | | | | | | | | | |
| | Signature typed or printe | ed name of registered agent a | | ie (NO1 | | | nt signa | iture required v | when reinstating) | | | DATE | | |
| 12. | | OFFICERS AND | DIRECTORS | DELETE | 13 | | | | ADDITIO | NS/CHANGE | S TO OFFI | CERS AND | | |
| TITLE | D | | | ☐ DELETE | | TITLE | | | | | | | Change | Addition |
| NAME | Bongard, T | | | | 1.2 | NAME | | | | | | | | |
| STREET ADDRESS | 1001 N US H | WY 1, STE 409 | | | 1.3 | STAFET | ADDRES | SS | | | | | | |
| CITY-ST-ZIP | JUPITER FL 3 | 33477 | | | 1.4 | CITY-S | T- ZIP | | | | | | | |
| TITLE | VPS | | | DELETE | 21 | TOLE | | | | | | | Change | Addition |
| NAME | BONGARD, B | ARBARA J | | | 22 | NAME | | ĺ | | | | | | |
| STREET ADDRESS | | HGHWAY 1, #409 | | | 23 | STREET | ADDRES | ss | | | | | | |
| CITY-ST-ZIP | JUPITER FL | | | | 2.4 | 4 CITY-S | T - 7/P | | | | • | • | | |
| TITLE | | *************************************** | | DELETE | | TITLE | | | | | | | Change | Addition |
| NAME | | | | | | NAME | | | | | | | • | |
| STREET ADDRESS | | | | | | STREET | ADDDEC | 20 | | | | | | |
|] | | | | | | | | 35 | | | | | | |
| CITY-ST-ZIP | | | | DELETE | | CITY-S | 1-212 | | | | | | Change | Addition |
| l | | | | OLLETE | | | | | | | | | Change | , Em Mantion |
| NAME | | | | | | 2 NAME | | | | | | | | |
| STREET ADDRESS | | | | | | STREET | | SS | | | | | | |
| CITY-ST-ZIP | | | | | 4.4 | CITY-S1 | I-ZIP | | | | | | | |
| TITLE | | | | DELETE | 5.1 | TITLE | | | | | | | ☐ Change | Addition |
| NAME | | | | | 5.2 | NAME | | | | | | | | |
| STREET ADDRESS | | | | | 5.3 | STREE1 A | ADDRES | s | | | | | | |
| CITY-ST-ZIP | | | | | 5.4 | CITY-ST | - ZIP | 1 | | | | | | |
| TITLE | | · | | DELETE | | TITLE | | | | | | | ☐ Change | Addition |
| NAME | | | | | | NAME | | | | | | | _ • | |
| STREET ADORESS | | | | | | STREET | 4DBDE0 | e l | | | | | | |
| OINEEL ADONESS | | | | | 0.3 | ointti/ | ADURES | 20 | | | | | | |

14. Thereby 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 637. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.