

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 # P96000083856 (0)

1. Corporation Name

ADVANCED WATER TECHNIQUES INC.

Principal Place of Business

3418 BISHOP PARK DR
#327
WINTR PARK FL 32792

Mailing Address

3418 BISHOP PARK DR
#327
WINTR PARK FL 32792

FILED

97 OCT 16 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1996	3a. Date of Last Report N/A
4. FEI Number 59-3415286	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

TRABEL, GAIL L
3418 BISHOP PARK DR
#327
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PRESIDENT / SEC - TREAS	<input type="checkbox"/> DELETE
NAME	GAIL L. TRABEL	
STREET ADDRESS	4844 CYPRESS WOODS DR. #283	
CITY-ST-ZIP	ORLANDO, FLA 32811	

TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
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NAME		
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STREET ADDRESS		
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CITY-ST-ZIP		
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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1.2 NAME	100002325021-9
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1.3 STREET ADDRESS	-10/20/97-01176-003
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1.4 CITY-ST-ZIP	*****558.75 *****558.75
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2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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2.2 NAME	
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2.3 STREET ADDRESS	
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2.4 CITY-ST-ZIP	
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3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3.2 NAME	
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3.3 STREET ADDRESS	
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3.4 CITY-ST-ZIP	
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4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4.2 NAME	
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4.3 STREET ADDRESS	
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4.4 CITY-ST-ZIP	
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5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5.2 NAME	
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5.3 STREET ADDRESS	
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5.4 CITY-ST-ZIP	
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6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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6.2 NAME	
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6.3 STREET ADDRESS	
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6.4 CITY-ST-ZIP	
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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.

CR2E034 (4/97)