

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90126 044 ***150.00

DOCUMENT # P96000083856

1. Corporation Name

ADVANCED WATER TECHNIQUES INC.

Principal Place of Business

C/O GAIL L. TRABEL
511 BEECHWOOD AVE.
ALTAMONTE SPRINGS FL 32714

Mailing Address

C/O GAIL L. TRABEL
511 BEECHWOOD AVE.
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

59-3415286

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 203 SYMPHONY PL

Suite, Apt. #, etc.

22 City & State
23 DAVENPORT, FLORIDA

24 Zip 33837 25 Country POLK

2a. Mailing Address

26 203 SYMPHONY PL

Suite, Apt. #, etc.

27 City & State
28 DAVENPORT FLORIDA

29 Zip 33837 30 Country POLK

9. Name and Address of Current Registered Agent

TRABEL, GAIL L
4844 CYPRESS WOODS DR.
#283
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name GAIL L. TRABEL
82 Street Address (P.O. Box Number is Not Acceptable)
203 SYMPHONY PL.
83
84 City DAVENPORT FL 85 Zip Code 33837

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

04/26/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME TRABEL, GAIL L
STREET ADDRESS 4844 CYPRESS WOODS DRIVE, #283
CITY-ST-ZIP ORLANDO FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

203 SYMPHONY PL.
DAVENPORT, FL 33837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/99

Date

Daytime Phone #

CR2E034 (11/98)