

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # P96000089763 (2)

1. Corporation Name

TWELVE OAKS WATERS CORP.



Principal Place of Business

3805 W. SAN NICHOLAS STREET
TAMPA FL 33629

Mailing Address

3805 W. SAN NICHOLAS STREET
TAMPA FL 33629-6307

3. Date Incorporated or Qualified

10/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 1200 SHEPPARD AVENUE EAST

Suite, Apt. #, etc.

22 SUITE #106

City & State

23 MILLONDALE, ONTARIO

Zip

24 M2K 2S5S

Country

25 CANADA

2a. Mailing Address

26 1200 SHEPPARD AVENUE EAST

Suite, Apt. #, etc.

27 SUITE #106

City & State

28 MILLONDALE, ONTARIO

Zip

29 M2K 2S5S

Country

30 CANADA

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



9. Name and Address of Current Registered Agent

BAILIN, LAWRENCE J
STEARNS WEAVER MILLER WEISSLER ALHADEFF
401 EAST JACKSON STREE, STE 2200
TAMPA FL 33601

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 ☐ DELETE

NAME D
LEVY, CLIFF
STREET ADDRESS 1616 CLUBBREATH ISLES DRIVE
CITY- ST- ZIP TAMPA FL 33629

TITLE ☐ DELETE

NAME D
LEVY, SIGMUND
STREET ADDRESS 1200 SHEPPARD AVE E., STE 106
CITY- ST- ZIP ONTARIO, CANADA M2K 2S5

TITLE ☐ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28 1997

Date

(813) 9251-9365

Daytime Phone #

CR2E034 (9/96)