## 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** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90085 005 \*\*\*150.00

## OCUMENT # P97000011134

: w WATER, INC.

Place of Business

**EASTLAKE WOODLANDS** 

Mailing Address

3702 VIA DE LA VALLE



FL 34677	DEL MAR CA 92014				DO NOT WRIT	NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed					
				02/04/19	997	_			
Place of Business	2a. Mailing Address		7 .	4. FEI Numb	er			Applied For	
	26 11975 El Camino Roal		Kcal	<b>59-3223</b>	1107	_		Not Applicable	
iii∈, Apt. #, etc.	Suite, Apt. #, etc.	,		5. Certifcate	of Status Desired			5 Additional e Required	
S State City & State		A		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Country 25		US	A	Personal F	oration owes the curre Property Tax.		Yes	□No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		82	82 Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324		83					-		
		84	City	· · · · · · · · · · · · · · · · · · ·	,	F	L 85	Zip Code	

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, typed or printed name of registered agent and title if a	pplicable. (NOTE	Registered Agent signature i		DATE			
	OFFICERS AND DIREC	TORS	13.					
	PDCE	☐ DELETE	1.1 TITLE	PDCE	Change	☐ Addition		
	HUSBAN, JAMES A		1.2 NAME	Uamcs A. Husband	h 300			
ACCHESS	3702 VIN DE LA VALLE, STE 202		1.3 STREET ADDRESS	James A. Husband 11975@Camino Real, Sui San Dicep, CA 92130	T. 200			
-ZIP	DEL MAR CA 92014		1.4 CITY-ST-ZIP	San Dicco, CA 92130				
	STCF	□ DELETE	2.1 TITLE	STATE	Change	☐ Addition		
	KARRAVAS, STEFAN		2.2 NAME	Stefan C. Kurnayas				
ALIUNLUS	OZOG VIA DE LA MALLE CEL COO		2.3 STREET ADDRESS	Stefan C. Kurnavas 11975 El Camino Real. S Sun Dicgo, CA 92130	ivi le300			
ZIP	DEL MAR CA 92014		2. 4 CITY-ST-ZIP	Sun Diggo, CA 92130		<del>-</del>		
		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
			3.2 NAME					
AUUKESS	<u>.</u>		3.3 STREET ADDRESS					
ZIP			3.4. CITY-ST-ZIP					
		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition		
			4. 2 NAME					
AUDRESS			4.3 STREET ADDRESS					
ZIP			4 4 CITY-ST-ZIP					
		☐ DELETE	: 5.1 TITLE		☐ Change	Addition		
			5.2 NAME					
			5.3 STREET ADDRESS					
ZIP			5.4 GITY-ST-ZIP					
		☐ DELETE	6.1 TITLE		☐ Change	Addition		
		·	6.2 NAME					
			6.3 STREET ADDRESS					
	1		6.4 CITY-ST-ZIP					

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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.