

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

FILED

Jun 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000017243 (1)

1. Corporation Name

GOLD COAST WATER TECHNOLOGIES, INC.

Principal Place of Business

1355 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

1355 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1997

4. FEI Number

65-0743363

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ARLEN, ROBERT M
1501 CORPORATE DRIVE
SUITE 200
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent

81 Name

The Prentice Hall Corporation System, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

83

84 City

Tallahassee

FL

85 Zip Code
32301

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

PATRICIA COSENTINO

Patricia Cosentino Sec. 6-19-98

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 PD
NAME MCCOY, GEORGE RANDALL
STREET ADDRESS 440 NE 5TH AVE
CITY-ST-ZIP DELRAY BEACH FL 33483 ☒ DELETE

TITLE STD
NAME WEEKES, SHARON M
STREET ADDRESS 440 NE 5TH AVE
CITY-ST-ZIP DELRAY BEACH FL 33483 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/C ☐ Change ☒ Addition
1.2 NAME Douglas A. Pertz
1.3 STREET ADDRESS One Culligan Parkway
1.4 CITY-ST-ZIP Northbrook, IL 60062

2.1 TITLE D/V ☐ Change ☒ Addition
2.2 NAME Michael E. Salvati
2.3 STREET ADDRESS One Culligan Parkway
2.4 CITY-ST-ZIP Northbrook, IL 60062

3.1 TITLE D/S ☐ Change ☒ Addition
3.2 NAME Edward A. Christensen
3.3 STREET ADDRESS One Culligan Parkway
3.4 CITY-ST-ZIP Northbrook, IL 60062

4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME Mike Crowell
4.3 STREET ADDRESS 1401 Sligh Boulevard
4.4 CITY-ST-ZIP Orlando, FL 32856

5.1 TITLE V ☐ Change ☒ Addition
5.2 NAME Thomas E. Pavlick
5.3 STREET ADDRESS One Culligan Parkway
5.4 CITY-ST-ZIP Northbrook, IL 60062

6.1 TITLE V/T ***150.00 ☐ Change ☒ Addition
6.2 NAME Donald A. Fuller
6.3 STREET ADDRESS One Culligan Parkway
6.4 CITY-ST-ZIP Northbrook, IL 60062

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.

SIGNATURE

Thomas E. Pavlick

Thomas E. Pavlick

4/30/98

CR2E034 (10/97)