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FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90191 002 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000017243

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

40-004 Cook St.

Palm Desert, CA

92211

CA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	D/C	<input checked="" type="checkbox"/> DELETE
NAME	PERTZ, DOUGLAS A	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	D/V	<input checked="" type="checkbox"/> DELETE
NAME	SALVATI, MICHAEL E	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	D/S	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, EDWARD A	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CROWELL, MIKE	
STREET ADDRESS	1401 SLIGH BLVD	
CITY-ST-ZIP	ORLANDO IL 32856	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAVLICK, THOMAS E	
STREET ADDRESS	ONE CULLIGAN BLVD	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	V/T	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, DONALD A	
STREET ADDRESS	ONE CULLIGAN BLVD	
CITY-ST-ZIP	NORTHBROOK IL 60062	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D, P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Calvin R. Hendrix	
1.3 STREET ADDRESS	1 Culligan Pkwy	
1.4 CITY-ST-ZIP	Northbrook, IL 60062	
2.1 TITLE	D, V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael E. Hulme, Jr	
2.3 STREET ADDRESS	1 Culligan Pkwy	
2.4 CITY-ST-ZIP	Northbrook, IL 60062	
3.1 TITLE	D, V, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ross M. Campbell	
3.3 STREET ADDRESS	1 Culligan Pkwy	
3.4 CITY-ST-ZIP	Northbrook, IL 60062	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Amy G. Gossin	
4.3 STREET ADDRESS	40-004 Cook St.	
4.4 CITY-ST-ZIP	Palm Desert, CA 92211	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William F. White	
6.3 STREET ADDRESS	1 Culligan Pkwy	
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, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

414-521-8504

Date

Daytime Phone #