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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra É, Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## P97000024648 (2) DOCUMENT #

WATERLESS TECHNOLOGIES, INC.

## **FILED** Apr 01 1998 8:00am Secretary of State



Principal Place	e of Busines	S	Mai	Mailing Address										
996 REVO LANE, NE				996 REVO LANE. NE										
PALM BAY FL 32907			₽/	PALM BAY FL 32907					DO NOT WRITE IN THIS SPACE					
									3 Da	ite Incorporated or Qualif		0,,,,,,		
										3/13/1997	.53			
2. Principal P	lace of Busin	ness	20.	Mailing Address						Number_			An	olied For
21				26						59-344642	22	_	+ ' '	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.								\$R		dditional
22				27					<b>5</b> , Ce	rtificate of Status Desired	. L		ee Re	
City & State	0			City & State					R Fle	ection Campaign Financia	10	\$5	nn	May Be
23			28	<b>├</b> ─┐						ast Fund Contribution	ື 🗆			Fees
Zip				Zip Country					8. Thi	is corporation owes or ha	s paid the cu	rrent ve	ar Inte	ingible
24		25 29 30			Personal Property Tax due June 30. X Yes									
	9, Name	and Address of Curre	nt Registe	ered Agent					10. Na	ime and Address of Ne	v Registered	Agent		
W	ARRINER, (	SERALD F				81	Na	ame						
996 REVO LANE, NE PALM BAY FL 32907							Str	root Addross	e (P.Ò	Box Number is Not Acce	ntable)			
							30	POS MUDIES	υ (r .O.	DON HUITIGGT IS HOLYCOL	, p.aoioj			
(	water to	- 4-441				83								
												11	- <del></del>	
						B4	Cit	ty			FL	85	Zip C	ode
11. Pursuant i	to the provis	ions of Sections 607.05	02 and 60	7.1508. Florida Statu	ites, the	above	e-nar	med corpora	ation su	ubmits this statement for	the purpose o	f chanc	ing its	registered
office or n	egistered ar	gent, or both, in the Stati ith, and accept the oblig	e of Florida	a. Such change was	: authori:	zed by	v the	corporation	's boar	d of directors. I hereby a	ccept the ap	oointme	ntasi	egistered
•	m marnilar w	itir, and accept the obilg	gadons of,	Section 607.0305, F	TOTICIA S	lalule	٥.							
SIGNATURE	Signature, byped	for printed name of registered ag	ent and lete if	anolicable (NC	T£ Registe	ered Age	ant sign	nature required v	when reins	stating)	DATE			
12.	OFFICERS AND DIRECTORS				13.				DITIONS/CHANGES TO C	FFICERS AN	D DIREC	CTOR	S IN 12	
TITLE				DELETE 1.1 TI				PP	US.	DEUT/SOCK	TROAS.	☐ Ch	ange	Addition
NAME			1.2 )		NAME		G	ERA	LD E. WAR	に云る	R.			
STREET ADDRESS	ADDRESS						ADDR	ess 9	96	REVO LAN	e, n.e.	•		
CITY-ST-ZIP							1.4 CITY-ST-ZIP				-329			
TITLE	-						2.1 TITLE				¥		ange	Addition
NAME				2.21			2.2 NAME							
STREET ADDRESS				2.3 9			2.3 STREET ADDRESS							
CITY-ST-ZIP						4 CITY-S		ĺ		•	. 4			
TITLE						TITLE					Ch	ange	Addition	
NAME					3.2	NAME								
STREET ADDRESS					3.3	STREET	ADDR	ess						
CITY-ST-ZIP						I. CITY-S								
TITLE				DELETE		TITLE				,		☐ Ch	ange	Addition
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STREET ADDRESS						STREET	ADDR	ESS						
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NAME						NAME								
STREET ADDRESS					•	STREET	ADDR	eess						
CITY-ST-ZIP					- 1	CITY-S								
TITLE				DELETE		TITLE	4.11					Ch	ange	Addition
NAME						NAME							-	
STREET ADDRESS						STREET	ADDE	FSS						
						CITY-S								
14. I hereby c	certify that th	e information supplied s	with this fill	na does not qualify					ction 1	19.07(3)(i), Florida Statut	es, I further c	ertify the	at the	information
indicated	on this arm	al report or supplieries	avinual	report is true and ac	curate a	and the	at m	v signature s	shall ha	19.07(3)(i), Florida Statut ave the same legal effect	as if made u	nder oal	h; tha	t I am an

your agricult report is true and accurrate and macing signature shall never the same legal effect as it made under bard, that i am a display to trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in they bright with an address. officer or director of the corporation of the Block 12 or Block 13 if changed or on an