

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000026923 (7)

1. Corporation Name
H2O TWO THOUSAND, INC.

Principal Place of Business

L & M GROUP, LC
401 S LINCOLN AVE. SUITE B
CLEARWATER FL 34616

Mailing Address

L & M GROUP, LC
401 S LINCOLN AVE. SUITE B
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

59-3463606

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MONTE, ROBERT
L & M GROUP, LC
401 S LINCOLN AVE, SUITE B
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name

ROBERT MONTE

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

1432 COURT STREET

83

84 City

CLEARWATER

FL

85 Zip Code

33756

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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, DENNIS J	1.2 NAME	
STREET ADDRESS	1720 CYPRUS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34630	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, HAROLD A	2.2 NAME	
STREET ADDRESS	1220 MADISON AVE, SUITE #7	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43624	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLING, EDWARD L	3.2 NAME	
STREET ADDRESS	2283 FULTON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43620	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN ASTRAB	4.2 NAME	
STREET ADDRESS	3000 ARBOR OAKS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER DOMINICI	5.2 NAME	
STREET ADDRESS	13110 WATERFORD RUN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW, FL 33569	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:



DENNIS J. KLEIN

5/1/98

Date

813-586 9507

Daytime Phone # 0397071

CR2E034 (10/97)