


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

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Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90007 002 ***550.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000031239					
1. Corporation Name AMERICAS' WATER SERVICES CORPORATION					
Principal Place of Business 1240 IROQUOIS DR. SUITE 106 NAPERVILLE IL 60563			Mailing Address LEGAL DEPT 1000 COLOR PLACE APOPKA FL 32703		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/07/1997	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-2322756	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ARMSTRONG, BRIAN P 1000 COLOR PL. APOPKA FL 32703			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DCOP	<input type="checkbox"/> DELETE			
NAME	MIRANDA, NORMAN L				
STREET ADDRESS	1240 IROQUOIS DR., SUITE 106				
CITY-ST-ZIP	NAPERVILLE IL 60563				
TITLE	DVP	<input type="checkbox"/> DELETE			
NAME	BENCINI, MORRIS A				
STREET ADDRESS	1000 COLOR PL.				
CITY-ST-ZIP	APOPKA FL 32703				
TITLE	CCEO	<input type="checkbox"/> DELETE			
NAME	CIRELLO, JOHN				
STREET ADDRESS	1000 COLOR PL.				
CITY-ST-ZIP	APOPKA FL 32703				
TITLE	DSVP	<input type="checkbox"/> DELETE			
NAME	WOOD, JOHN M				
STREET ADDRESS	1240 IROQUOIS DR., STE. 106				
CITY-ST-ZIP	NAPERVILLE IL 60563				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	AMES, WILLIAM J				
STREET ADDRESS	1240 IROQUOIS DR. STE 106				
CITY-ST-ZIP	NAPERVILLE IL 60563				
TITLE	VPM	<input type="checkbox"/> DELETE			
NAME	BROWN, THOMAS P				
STREET ADDRESS	6812 28TH STREET, SE, SUITE L				
CITY-ST-ZIP	GRAND RAPIDS MI 49456				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Bruett, Robert M.				
1.3 STREET ADDRESS	815 South Hills Dr				
1.4 CITY-ST-ZIP	Plymouth, Wisconsin 53073				
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	Armstrong, Brian				
2.3 STREET ADDRESS	1000 Color Place				
2.4 CITY-ST-ZIP	Apopka, FL 32703				
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	Perry, James A.				
3.3 STREET ADDRESS	1000 Color Place				
3.4 CITY-ST-ZIP	Apopka, FL 32703				
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME	Martin, Kirk D.				
4.3 STREET ADDRESS	1000 Color Place				
4.4 CITY-ST-ZIP	Apopka, FL 32703				
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRK D. MARTIN

MAY 14, 1999

Date

407/880-0058

Daytime Phone #

CR2E034 (11/98)