May 19, 1999 8:00 am Secretary of State

05-19-1999 90030 021 \*\*\*450.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700076288

Corporation Name

WATERWORKS OF ORLANDO, INC.

	•								
Principal Place of Business Mailing Address							-	II (BBIB BIIID JIBBI	
10555 NW 53RD STREET			600 S ANDREWS AVENUE						
SUNRISE FL 33351			SUITE 400				DO NOT MUTTE IN THE	IC COACE	
			LAUDERDALE FL 33301				DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	IS SPACE	
		US					,		
0 0 :- : 1 0	Dunings		Mailing Address				09/03/1997 4. FEI Number	Δε	plied For
<del></del>	ace of Business	2a.	Maining Address				65-0782214	ļ <del></del>	ot Applicable
21 Suito Ant	# oto	26	Suite, Apt. #, etc.	_		_			Additional
Suite, Apt. #, etc.		27	27				5. Certifcate of Status Desired		equired
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be
23			28				Trust Fund Contribution	Added	
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current year	ntangible	_
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Regis	tered Agent				10. Name and Address of New Registere	d Agent	
005					81	Name			
	EN, BRUCE D				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
600 S ANDREWS AVENUE SUITE 400							<del></del> _		
					83				
ļ FI D	AUDERDALE FL 33301				84	City		. 85 Zip	Code
							<b>F</b>	_ , ,	
11. Pursuant	to the provisions of Sections 607.05	502 and 6	07.1508, Florida Statut la. Such change was a	tes, the al	bove I bv t	e-named corpo the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its iointment as re	registered egistered
agent. I ai	m familiar with, and accept the oblig	ations of,	Section 607.0505, Flo	orida Statu	ıtes.		•		
CICNATURE									
SIGNATURE									
	Signature, typed or printed name of registered ag				Agent	t signature required		AND DIRECTO	DPS IN 12
12.	OFFICERS A		CTORS	13.		t signature required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12.	OFFICERS A			13.	ΓLE	t signature required		AND DIRECTO	
12. TITLE NAME	OFFICERS A  D LINZER, CHARLES		CTORS	13. 1.1 T(1 1.2 NA	TLE				
12. TITLE NAME STREET ADDRESS	OFFICERS A  D UNZER, CHARLES  600 S ANDREWS AVE, #400	ND DIRE	CTORS	13. 1.1 Til 1.2 NA 1.3 ST	TLE ME REET	ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A  D LINZER, CHARLES	ND DIRE	CTORS	13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF	TLE IME REET TY-ST	ADDRESS			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A  D UNZER, CHARLES  600 S ANDREWS AVE, #400	ND DIRE	CTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII	TLE AME REET TY-ST	ADDRESS		☐ Change	☐ Addition
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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 of the corporation or the receiver of the corporation or the receiver of the corporation of the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

954- 742-2106