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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc

City & State

21

22

23

24

Zip

P97000079074 (5)

26

27

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29

2a. Mailing Address

City & State

Zip

Suite, Apt #, etc

WATER-RELATED INDUSTRIES, INC.

Principal Place of Business	Malling Address
2200 LUCILLE LANE	2200 LUCILLE LANE
MELBOURNE FL 32835	MELBOURNE FL 32935

Country

Name and Address of Current Registered Agent

Block 12 or Block 13 if changed, or on an attachment with an address.

25

CURRY, ANJA L 2200 LUCILLE LANE

MELBOURNE FL 32935

FILED Apr 03 1998 8:00am Secretary of State



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 4 applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETÉ 1.1 TITLE Change Addition NAME CURRY, ANJA L 1.2 NAME 2200 LUCILLE LANE STREET ADDRESS 1.3 STREET ADDRESS **MELBOURNE FL 32935** CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition PACETTI, FRANK JR. NAME 2.2 NAME 2200 LUCILLE LANE STREET ADDRESS 2.3 STREET ADDRESS **MELBOURNE FL 32935** CATY-ST-ZIF 2. 4 City - St - ZiP DELETE TITLE Change 3.1 TITLE Addition EASLY, EUGENE E NAME 3.2 NAME 2200 LUCILLE LANE STREET ADDRESS 3.3 STREET ADDRESS MELBOURNE FL 32935 CITY - ST - ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change 5.1 TITLE ☐ Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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

Country

81 Name

82

В3

City 84

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

30