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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P97000085240 (4) DOCUMENT #

ECOWATER OF SOUTH FLORIDA, INC.

FILED Feb 25 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address			
2020 W MCNAB RD 2020 W MCNAB RD					
FT LAUDERDALE FL 33309		FT LAUDERDALE FL 33309			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 10/01/1997
9 Principal D	lace of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·
21	lace of positioss	26			4. FEI Number Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			SQ 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	Ð	City & State			6. Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip	Country	Zışı	Country	,	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent
	COBSON, BARBARA		81	Name	
202	20 W MCNAB RD		82	Street	Address (P.O. Box Number is Not Acceptable)
FT	LAUDERDALE FL 33309			00,000	Additional (1707 Control (1707
			83		
			84	City	85 Zip Code
			07	Ony	FL S Z D COOC
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-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. Familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE					
OIGIO (TOTAL	Signature, typicd or printed nume of registered ager		Registered Ag	ent signature	required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP DATE BADBADA	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOBSON, BARBARA		1.2 NAME		
STREET ADDRESS	8710 NW 56 ST		1.3 STREET		
CITY-ST-ZIP	CORAL SPRINGS FL 33067	T or tre	1.4 CITY - 5	17-ZIP	District District
TITLE		☐ DELETE	21 TITLE		Change Addition
NAME	FARTRO, AUGUST A 1313 SW 17 ST		22 NAME	ĺ	
STREET ADDRESS	FT LAUDERDALE FL 33315		2.3 STREET		
CITY-ST-ZIP	FI LAUDENDALE FE 30010	DELETE	2 4 CITY-	ST-ZIP	Change Addition
TITLE			3.1 TITLE		C crange C Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET	1	
CITY-ST-ZIP TITLE		DELETE	3 4. CITY-	51-ZIP	Change Addition
NAME		[_] bereit	4 1 TITLE	ŀ	_ Change _ Addition
			4 2 NAME 4 3 STREET	ADDOCCO	
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 City - S 5.1 Title	11-2112	☐ Change ☐ Addition
NAME		C) beerie	5.2 NAME	i	_ onergo _ Addition
STREET ADDRESS			5.2 NAME 5.3 STREET	ADDRESS	
CITY+ST-ZIP TITLE		DELETE	5.4 CITY - 5 6.1 TITLE	n-Zir	☐ Change ☐ Addition
NAME		pricie	62 NAME		Onling Addition
STREET ADDRESS			6 3 STREET	Annoree	
· •				1	
CITY-ST-ZIP	certify that the information successor wi	th this liling does not qualify for	the exemp		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or suppliemental 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 corrustion of the reserver or trustee unipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or on an attachment with an address.					