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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700089071 (9)

WATER TREATMENT SERVICES, INC.

FILED Mar 27 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• ·•··· ·••·· ••··· ••··· ••··· ••· ••·· ••• •••		
	SITY DR STE 502	210 UNIVERSITY DR ST					
CORAL SPRINGS FL 33433		COBAL-SPRINGS FL 33	433		DO NOT WRITE	IN THIS SPACE	
ı				3. Date Incorpor	ated or Qualified		· · · · · · · · · · · · · · · · · · ·
				10/15/19	97		
	ace of Business	2a. Mailing Address		4. FEI Number			Applied For
21 319	SW 14th Ave	26 319 SW14	th Ave	65.0	10769		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of S	Status Desired		Additional
22		27				····	Required
City & State		City & State	1 C	6. Election Camp			May Be
23 Ponfa Zip	Country	28 tarpholinae	Country	Trust Fund Co			d to Fees
24 3306°	L	<b>├</b>	A کت ا	- '	on owes or nas pa perty Tax due June	id the current year 30.	Mo No
24 3000	9. Name and Address of Current		30 (		dress of New Re		4
Н	ERNANDEZ, DAVID-S		81 Name	Day War			
210 JINIVERSITY DR STE-502			82 Stroot	82 Street Address (P.O. Box Number is Not Acceptable)			
	ORAL SPRINGS FL 33433		02 Street	319 SW 1	4th Ave	ле)	
•			83		,		
			041.04	^		[An] 7	- Onda
			84 City	Kompini Be	ege h	FL  85   \$	3062 5062
11 Purement to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-name				
	edistered agent, or both, in the State o	f Florida. Such change was at	uthorized by the co	poration's board of directo	ors. I hereby accep	ot the appointment	as registered
office or re	n familiar with, and account the obligat	ions of Section 607 0505. Flo	rida Statutes				
	o the provisions of Sections 607.0502 egistered agent, or both, in the State on In Infiliar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes.				
SIGNATURE A				e required when reinstating)		DATE	
SIGNATURE A	Signature, typed or punted name of registered agent OFF ICERS AND	and title if applicable (NOTE DIRECTORS		e required whon reinstating)		DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE	Stphature, type 3 or printed new of registered agent OFFICERS AND	and title if applicable (NOTE	Registered Agent signatur	e required whon reinstating)		DATE	ORS IN 12
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4. 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 supplimental 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 of the releviever 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.

Part Wed Go int.

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