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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090666

1. Corporation Name

HIGT WATER MEATERS INC

JUST W/	ATEN FIEATENS INC.							
Date of 189	- (D. sines-	Mailian Adde				 		Bille Birle Bill 1881
Principal Place of Business Mailing Address					ļ			
1717 SW 1ST WAY 1717 SW 1ST WAY #18								
DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441						DO NOT WRITE IN THIS SPACE		
US US					Ī	3. Date Incorporated or Qualifed		
						10/20/1997		
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		Applied For
21		26				<u>65-07890</u> 94		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		75 Additional e Required
22		27						· · · · · · · · · · · · · · · · · · ·
	City & State City & State					6. Election Campaign Financing	•	00 May Be ded to Fees
23	Country	Zip	Country			Trust Fund Contribution		eu to rees
Zip	Country 25	29 30		,		This corporation owes the current ye Personal Property Tax.	Yes	□No
24	9, Name and Address of Curren					10. Name and Address of New Regist		
	5. Name and Address of Carren		81	Name			_	
NELSON, JARED E								
1679 N.W. 15TH VISTA			82	82 Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON FL 33432			83	 			_	
			ļ					
			84	City			FL 85 2	Zip Code
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga:	of Florida. Such change was autho tions of, Section 607.0505, Florida	orized by Statutes	the corpo	oration	ation submits this statement for the purpor's board of directors. I hereby accept the	appointment a	s registered
	Signature, typed or printed name of registered ager	<u>''</u>		nt signature r	equired w		AND DIDE	OTODO IN 40
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	
TITLE	PT NELCON INDED E	C) DETEIL						٠,١٥٥١١٥ بي
NAME	NELSON, JARED E		1.2 NAME	T 4000500	ļ			
STREET ADDRESS	1679 NW 15TH VISTA			TADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33432	☐ DELETE	1.4 CITY-5 2.1 TITLE		V5		Char	nge
TITLE	VS DEDNACEY BOAD T	Detaile	2.7 NAME		200	nasek, Brad T 85 Swroth St Unit SEA RAKO, FL 334	~	.
NAME	BERNASEK, BRAD T			T ADDRESS	90	SE SWROP ST Unit	~ D	
STREET ADDRESS	1679 NW 15TH VISTA			CT 7/D	13	SEA RALOS, FL 334	28	
CITY-ST-ZIP TITLE	BOCA RATON FL 33432	☐ DELETE	2 4 CTTY- 3 1 TITLE	31-41	, <u>,</u>		Char	nge Additio
NAME		- Les subprises - see	3.2 NAME				_	-
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			3.4. CITY-			•		
TITLE		☐ DELETE	4.1 TITLE		ļ·		☐ Char	nge
NAME		_	4. 2 NAME				•	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			4.4 CITY-8					
TITLE		☐ DELETE	5.1 TITLE				Chai	nge 🔲 Additio
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY-8	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chai	nge 🔲 Additio
NAME			6.2 NAME					
OTDEET ADDRESS			6.3 STREE	TADDRESS				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP