## 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 # P97000094441

NEW WATER SOLUTIONS, INC.

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90074 011 \*\*\*150.00



Principal Place of Business	Mailing Address						
3915 ADCOCK LANE LAKE WORTH FL 33461	3915 ADCOCK LANE LAKE WORTH FL 33461		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 11/04/1997				
2. Principal Ptace of Business	2a. Mailing Address		4. FEI Number Applied For				
<u>.</u>	26		65-0795686 Not Applicable	le			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired				
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip Country		untry	8. This corporation owes the current year Intangible Personal Property Tax.				
	Current Registered Agent		10. Name and Address of New Registered Agent				
		81 Name	*				
SCHROADER, MARY B 3915 ADCOCK LANE		82 Street Add	Street Address (P.O. Box Number is Not Acceptable)				
LAKE WORTH FL 33461		83					
		84 City	FL 85 Zip Code				
74 B 11 H	207 DEOD and ED7 1509 Florida Statutos, tha	shove named cor	reporation submits this statement for the purpose of changing its registered	1			

Pursuant to the provisions of Sections 607,0502 and 607,1508, Frontia statutes, the adovernamed corporation's board of directors. I hereby accept the appointment as 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.

090		•									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.	OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PS	DELETE	1.1 TITLE	VP		Change	Addition				
NAME	SCHROADER, MARY		1.2 NAME	torone &	choon	000)					
STREET ADDRESS	3915 ADCOCK LANE	i	1.3 STREET ADDRESS	3915 AD	1000	~00	Į				
CITY-ST-ZIP	LAKE WORTH FL 33461		1,4 CITY-ST-ZIP	The many	0 02	461	<del></del>				
TITLE	VP	DELETE	2.1 TITLE		1,40	Charlge	☐ Addition				
NAME	SCHROADER, RON	` \	2.2 NAME								
STREET ADDRESS	3915 ADCOCK LANE		2.3 STREET ADDRESS	]		سد رويو سرود					
CITY-ST-ZIP	LAKE WORTH FL 33461		2.4 CITY-ST-ZIP		<u> </u>		<b>57.4</b> (88)				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition				
NAME			3.2 NAME								
STREET ADDRESS			3.3 STREET ADDRESS								
CITY-ST-ZIP			3.4. CITY-ST-ZIP				<u> </u>				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition				
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS				,				
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE		☐ DELETE	51 TITLE			Change	☐ Addition				
NAME			5.2 NAME		•						
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP				A 4495-				
TITLE		DELETE	6.1 TITLE			Change	Addition				
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			6.4 CITY-ST-ZIP								

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.

SIGNATURE: