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

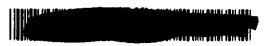
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ADVANCED WATER SYSTEMS OF CENTRAL FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

FILED May 12 1998 8:00am Secretary of State



	XYKESHORE CIRLL MARY, FL 32746	•	LAKES! KE MARY				E
2. Principal I	Place of Business	2a. Mailing Address				4. FEi Number	Applied For
21	41	26 Suite And Marke				59-3477207	Not Applicable
Suite, Apt	. #, B(C.	Suite, Apt. #, etc.				La Lennesse of Status Desired III	1.75 Additional Fee Required
22] City & Sta	te		State	· · · · · · · · · · · · · · · · · · ·		 	
23		28	· Oldio			_	5.00 May Be
Zip 24	Country 25	Zip 29		Country 30	у	This corporation owes or has paid the current yes Personal Property Tax due June 30. Yes	
	9, Name and Address of Curre	nt Registered /	Agent		1 3	10. Name and Address of New Registered Agent	
		,		81	I Name		
TE	RRY PETTERSOI	✓		82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
54	I LAKESHORE	MRCLE		83	 		
10	KK MARU TI	フフツノ	,				
~//	KE MARY, FL	J4/4	P	84	City	FL 85	Zip Code
office or	to the provisions of Sections 607.056 registered agent, or both, in the State am familiar with, and accept the oblig	of Florida, Suc ations of, Section	th change was a on 607.0505, Flo	uthorized b rida Statute	y the corpor es.	orporation submits this statement for the purpose of chan- ration's board of directors. I hereby accept the appointment	ging its registered ant as registered
12.	OFFICERS AN			13.	man organizate req	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	00		DELETE	1.1 TITLE		CI	hange Addition
NAME	TERRY DESTERS	5J/		1.2 NAME	Ì		
STREET ADDRES	TERRY PETTERSO 541 LAKESHORE C	IRCLE		1.3 STREET	T ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL-	32746		1.4 CITY-5	ST-ZIP		
TITLE	510		DELETE	2.1 TITLE		□ cr	nange 🔲 Addition
NAME	COROL PETTERS	oN .		2.2 NAME			
STREET ADDRESS	SYI LAKESHORE	CIRCLE		2.3 STREET	T ADDRESS		
CITY-ST-ZIP	LAKE MARY, FA	<u> </u>	4	2. 4 CITY-	ST-ZIP		
TITLE	1		DELETE	3.1 TITLE	1	LJ Ch	nange L. Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET			
CITY-ST-ZIP TITLE			DELETE	3.4. CITY-5	ST-ZIP	Ch	ange Addition
NAME			_ otter	4.7 IIILE 4.2 NAME			angenounce
STREET ADDRESS				4.3 STREET			
CITY-ST-ZIP				4.4 CITY - S			
TITLE			DELETE	51 TITLE		□ Ch	ange Addition
NAME				5.2 NAME			il in
STREET ADDRESS				5.3 STREET	ADDRESS	professions are a series of the series of th	1,0 8/1
CITY-ST-ZIP				54 CITY-S	ĺ	900002524469 	<i>j</i> ,
TITLE			DELETE	6.1 TITLE		103/13/35 U1UU4 Ud Chi	ange 🔲 Addition
NAME				6.2 NAME		***150.80	
STREET ADDRESS				6.3 STREET	ADDRESS		
CITY-ST-Z#P				6.4 CITY-S	IT - ZIP		

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 trusted 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.

4/30/98

407 321-3717