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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000013854

Country

9. Name and Address of Current Registered Agent

DETOXIFICATION AND PURIFICATION SYSTEMS, INC.

rincipal Place of Business

Principal Place of Business

WOODBRIDGE, DAVID D 10805 N 53RD ST

Mailing Address

805 N 53RD ST MPA FL 33617

Suite, Apt. #, etc.

City & State

Zip

10905 N 53RD ST TAMPA FL 33617

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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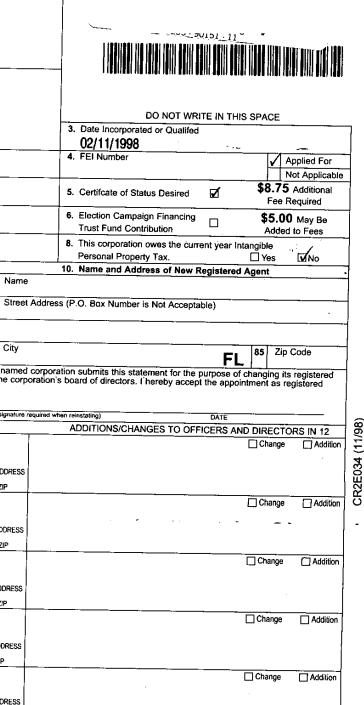
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Zip

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90151 011 ***158.50



(11/98)

TAMPA FL 33617 83 84 City Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELETE 1.1 TITLE WOODBRIDGE, DAVID D 1.2 NAME 10805 N 53RD ST EET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33617** -ST-ZIP 1.4 CITY-ST-ZIP □ DELETE 21 TITLE WOODBRIDGE, THOMAS C 2.2 NAME 365 WILSON AVE ET ADDRESS 2.3 STREET ADDRESS SATELLITE BEACH FL 32937 ST-ZIP 2. 4 CITY-ST-ZIP DELETE SICILIA, TERRY R 3.2 NAME ET ADDRESS #6 HAVENWOOD TR 3.3 STREET ADDRESS **ORMOND BEACH FL 32174** ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE 4. 2 NAME ET ADORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TADDRESS 6.3 STREET ADDRESS T-ZIP 6.4 CITY-ST-ZIP

Country

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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 afficer 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 lock 12 or Block 13 if Chapted, or on an attachment with an address, with all other like empowered.

David D. Woodbridee David D. Woodbridge

SNATURE: