

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90086 005 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000014859

1. Corporation Name
WATER FROM THE AIR, INC.

Principal Place of Business
11680 POINT DRIVE
SO MERRITT ISLAND FL 32952

Mailing Address
11680 POINT DRIVE
SO MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

4. FEI Number

ZU 59-3411045

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

X

2. Principal Place of Business

21 2600 KIRBY AVE. NE

Suite, Apt. #, etc.

22 SUITE 11

City & State

23 PALM BAY, FLA.

Zip

24 32905-3433

Country

25 BREVARD

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

30

9. Name and Address of Current Registered Agent

BRADLEY, FRANCIS M
427 TIMBERLAKE DRIVE
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

WARREN A. McFADDEN

82 Street Address (P.O. Box Number is Not Acceptable)

11680 POINT DRIVE

83

84 City

SO. MERRITT ISLAND, FL

85 Zip Code

32952

11. 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 WARREN A. McFADDEN

Signature, typed or printed name of registered agent and title if applicable

CHAIRMAN OF BOARD

Warren A. McFadden 1/8/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BRADLEY, FRANCIS M
STREET ADDRESS 427 TIMBERLAKE DR
CITY-ST-ZIP MELBOURNE FL 32940

X DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME WARREN A. McFADDEN
1.3 STREET ADDRESS 11680 POINT DRIVE
1.4 CITY-ST-ZIP SO. MERRITT ISLAND, FL 32952

Change

X Addition

2.1 TITLE P/S
2.2 NAME WILLIAM T. GUNN
2.3 STREET ADDRESS 250 GAMEWELL RD SW.
2.4 CITY-ST-ZIP PALM BAY, FL 32908-1207

Change

X Addition

3.1 TITLE VP
3.2 NAME ALAN W. BAGLEY
3.3 STREET ADDRESS 2600 KIRBY AVE.
3.4 CITY-ST-ZIP PALM BAY, FL 32905-3433

Change

X Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change

Addition

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: WARREN A. McFADDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Warren A. McFadden 1/8/99 407-773-3206

CR2E034 (11/98)