

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90008 010 ***150.00

DOCUMENT # P98000018021

1. Corporation Name

Advantage Water Specialists, Inc.

Principal Place of Business

Mailing Address

5973 Ellis Hollow Road W. 5973 Ellis Hollow Rd. W.
Lake Worth, FL 33463 Lake Worth, FL 33463

c/o Butzel Long

c/o Butzel Long

3. Date Incorporated or Qualified

2/25/98

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1200 North Fed. Hwy.

26 1200 North Fed. Hwy.

4. FEI Number

65-0822567

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 411

27 Suite 411

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24 33432

25 USA

29 33432

30 USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Philip H. Forbes, Esq.
Butzel Long, P.C.
1200 North Federal Highway
Suite 411
Boca Raton, Florida 33432

81 Name

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

83

84 City

FL

85 Zip Code

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

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 President ☐ DELETE
NAME Rhonda Allan
STREET ADDRESS 2450 SW Lafayette St.
CITY-ST-ZIP Port St. Lucie, FL 34984

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Secretary/Treasurer ☐ DELETE
NAME Wayne P. Allan
STREET ADDRESS 2450 SW Lafayette St.
CITY-ST-ZIP Port St. Lucie, FL 34984

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Rhonda L. Allan
Rhonda L. Allan

5/11/99

561-227-0609