

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 15, 1999 8:00 am**  
**Secretary of State**

07-15-1999 90021 003 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000046607			
1. Corporation Name WATERWORKS POOL CLEANING, INC.			
Principal Place of Business 811 8TH COURT PALM BEACH GARDENS FL 33410		Mailing Address 811 8TH COURT PALM BEACH GARDENS FL 33410	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 05/26/1998			
2. Principal Place of Business		4. FEI Number	
21 811 8th Ct.	22 Suite, Apt. #, etc.	23 City & State	24 Zip
25 Palm Beach	26 811 8th Ct.	27 PBG, FL	28 33410
29 33410		30 PB	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERTS, LEROY C 811 8TH COURT PALM BEACH GARDENS FL 33410		81 Name Roberts, Leroy C. 82 Street Address (P.O. Box Number is Not Acceptable) 811 8th Ct. 83 84 City Palm Beach Gardens, FL 85 Zip Code 33410	
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 _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	NAME Leroy C. Roberts	1.1 TITLE Vice President	1.2 NAME Johnathon Ellison
STREET ADDRESS 811 8th Court	CITY-ST-ZIP P.B.G., FL 33410	1.3 STREET ADDRESS 811 8th Court	1.4 CITY-ST-ZIP P.B.G., FL 33410
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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.			
SIGNATURE: _____		7/14/99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (5/99)