

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

99 AUG 26 PM 2:34

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000060995

1. Corporation Name  
 AQUA WELLS AND WATER SYSTEMS, INC.

Principal Place of Business  
 C/O JOSEPH D. EDWARDS  
 201 NORTH FRANKLIN ST. SUITE 2100  
 TAMPA FL 33602

Mailing Address  
 C/O JOSEPH D. EDWARDS  
 201 NORTH FRANKLIN ST. SUITE 2100  
 TAMPA FL 33602



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 07/09/1998

4. FEI Number  
 59-3522589

6. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
 21 18480 Paulsen Dr.

2a. Mailing Address  
 26 18480 Paulsen Dr

22 Suite, Apt. #, etc.  
 A-4

27 Suite, Apt. #, etc.  
 A-4

23 City & State  
 Port Charlotte FL

28 City & State  
 Port Charlotte FL

24 Zip  
 33954

29 Zip  
 33954

9. Name and Address of Current Registered Agent  
 EDWARDS, JOSEPH D  
 201 NORTH FRANKLIN ST, SUITE 2100  
 TAMPA FL 33602

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 88 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 \_\_\_\_\_ 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	D	1.1 TITLE	
NAME	CRISPINO, LINDA M	1.2 NAME	
STREET ADDRESS	233 W ISLIP RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ISLIP NY 11795	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CRISPINO, LOUIS V	2.2 NAME	
STREET ADDRESS	222 W ISLIP RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST ISLIP NY 11795	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 -08/31/99-01082-001  
 \*\*\*\$58.75 \*\*\*\$58.75

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: Linda M. Crispino Linda M. Crispino 8/24/99 629-9338  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

KE