

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90099 011 \*\*\*150.00



**PROFIT CORPORATION ANNUAL REPORT 1999**

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

**DOCUMENT # P98000065187**

1. Corporation Name  
**ULTRA SOFT WATER SYSTEMS, INC.**

Principal Place of Business  
 153B PROGRESS CIRCLE  
 VENICE FL 34292

Mailing Address  
 153B PROGRESS CIRCLE  
 VENICE FL 34292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

3. Date Incorporated or Qualified  
**07/23/1998**

4. FEI Number  
**65-0855888**

5. Certificate of Status: Desired  Applied For  Not Applicable   
**\$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

9. Name and Address of Current Registered Agent  
**SWAIN, CARL**  
**153B PROGRESS CIRCLE**  
**VENICE FL 34292**

10. Name and Address of New Registered Agent  
 81 Name **KENNETH YARBOROUGH**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**153 B PROGRESS CIR**  
 83 **VENICE, FLA 34292**  
 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 *Ken Yarbrough* 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                      | NAME                                       | 1.1 TITLE   | 1.2 NAME  |
| P                          | YARBOROUGH, KENNETH E                      | 1.3 STREET ADDRESS                                    | 1.4 CITY-ST-ZIP   |
|                            | 153B PROGRESS CIRCLE                       |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | VENICE FL 34292                            | 2.1 TITLE   | 2.2 NAME  |
|                            | <input type="checkbox"/> DELETE            | 2.3 STREET ADDRESS                                    | 2.4 CITY-ST-ZIP   |
| VP                         | YARBOROUGH, JAMES E                        |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | 153B PROGRESS CIRCLE                       | 3.1 TITLE   | 3.2 NAME  |
|                            | VENICE FL 34292                            | 3.3 STREET ADDRESS                                    | 3.4 CITY-ST-ZIP   |
|                            | <input checked="" type="checkbox"/> DELETE |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| T                          | SWAIN, CARL                                | 4.1 TITLE   | 4.2 NAME  |
|                            | 153B PROGRESS CIRCLE                       | 4.3 STREET ADDRESS                                    | 4.4 CITY-ST-ZIP   |
|                            | VENICE FL 34292                            |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | <input type="checkbox"/> DELETE            | 5.1 TITLE   | 5.2 NAME  |
|                            |  | 5.3 STREET ADDRESS                                    | 5.4 CITY-ST-ZIP   |
|                            |  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 6.1 TITLE   | 6.2 NAME  |
|                            |  | 6.3 STREET ADDRESS                                    | 6.4 CITY-ST-ZIP   |
|                            |  |   | <input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (11/98)