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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000071087

1. Corporation Name H2ONLY CORP.

Principal Place of Business

2212 EAST 4TH AVENUE **TAMPA FL. 33605**

Mailing Address

2212 EAST 4TH AVENUE

TAMPA FL 33605

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90074 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/12/1998

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Sip Country Sig Sig Sig Sig Sig Sig Sig Si	Not Applicable Additional Required May Be d to Fees No Code ts registered No
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City & State 28 Zip Country Zip Country Zip Country Zip Country Signature, typed or printed name of registered agent and like if applicable. Zip Country Zip Country Signature, typed or printed name of registered agent and like if applicable. OFFICERS AND DIRECTORS Trust Fund Contribution Addence State B. This corporation owes the current year Intangible Personal Property Tax. In presonal Property Tax. Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Signature, typed or printed name of registered agent and like if applicable. Notice Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE In trust Addence Statutes Trust Fund Contribution Addence Statutes Addence Statutes Trust Fund Contribution Addence Statutes Addence Statutes Trust Fund Contribution Addence Statutes Addence Statutes Addence Statutes Trust Fund Contribution Addence Statutes Addence St	O Code
Zip Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes 9, Name and Address of Current Registered Agent DRAKEFORD & DRAKEFORD, P.A. 2212 EAST 4TH AVENUE TAMPA FL 33605 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 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 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 libit if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 11. ITTLE	O Code
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Ct ¹ Y-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	1

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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, open an attachment with an address, with all other like empowered.

SIGNATURE:

MALTER H.C. DRAKEFORD

Daytime Phone #