ANNUAL REPORT

1999

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90229 011 ***150.00

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1. Corporation Name AMERICAN WATER TREATMENT, INC.) 1.40/100/1510 (E		1 1010 1100 1100 1100 1 1010 1100 1100	8))(1 5))) (11)	
		·				191 1930			
Principal Place	e of Business	Mailing Address							
1155 N.W. 180TH STREET 1155 N.W. 180TH STREET									
OKEECHOBEE I	FL 34972	OKEECHOBEE FL 34972			(c	O NOT WRITE IN TH	IS SPACE		
					3. Date ir corporated	or Qualifed			l
					09/21/1998		_		i
2. Principa P	face of Business	2a. Mailing Address			4. FEI Number		Api	plied For	ĺ
21		26			59-3	3534618		Applicable	ĺ
	Suite, Apt. #, etc. Suile, Apt. #, etc.			5. Certificate of State	us Desired	\$8.75 △		l	
22	27					Fee Re			
	City & S ate City & State			6. Election Campaig	n Financing		Hay Be		
23				Trust Fund Contri		Added t	c rees	ł	
Zip	Country	Zip		intry		wes the current year I	Yes	ΩNο	İ
24	25 29 30			Personal Property	es of New Registers	_/ _	. 3.40	l	
	9. Name and Address of Current	Registered Agent	_	81 Name	TO. Halle and Fadin	as of the trouble	<u> </u>		ĺ
RUC	ks, suzanna			<u> </u>					ĺ
	N.W. 160TH STREET			82 Street Ac	dress (P.O. Box Number is	s Not Acceptable)			ļ
	ECHOBEE FL 34972			83					l
				L			- (
•				84 City F1 85 Zip C xde			≻xde	l	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu:	es, the a	bove-named co	rporation submits this state	ement for the purpose	of changing its	r≆gistered	ĺ
office or r	egistered agent, or both, in the State of in familiar with, and accept the obligation	of Florida, Such change was a ince of Section 607 0505. Fit	uthorized rida Stat	t by the corpora utes.	tion's board of cirectors. I	hereby accept the app	ointment as reg	stereo	i
[-	ist letting with and a copt the confer	1)113 01; COOLOTT 007.00001 T.		-100					l
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT)	. Registered	Agent signature requ	red when reinstating)	DATE			∞
12.	OFFICERS ANI		13.		ADDITIONS/CHAN	IGES TO OFFICERS	Change	F:S IN 12 Addition	CR2E034 (11/98)
TITLE	D	☐ DELETE	1.1 11				Change	Chambon	1 =
NAME	RUCKS, SUZANNA		1.2 NAME						පි
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STREET ADDRESS			6.3 \$1	REET ADDRESS				ł	ı
1 .			1000	TV ST 763				}	į

14. I herebit 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 dentify that the information indicated on this annual report or supplemental (innual 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 a lightness repowered.

SIGNATURE: