

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$850 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.

08-26-1999 90001 027-530.00
P98000096994

FILED

99 OCT 14 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000096994 1. Corporation Name INTERNATIONAL WATER MAKERS, INC.			
Principal Place of Business 64-B SE 5TH AVE DELRAY BEACH FL 33483		Mailing Address 64-B SE 5TH AVE DELRAY BEACH FL 33483	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 88 NE 5TH AVE Suite, Apt. #, etc.		2a. Mailing Address 26 88 NE 5TH AVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/16/1998	
22 City & State 23 DELRAY BEACH, FL Zip 24 33483		27 City & State 28 DELRAY BEACH Zip 29 33483		4. FEI Number 65-0876799 Applied For Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
26 Country		31 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
27 Country		32 Country		7. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No	

8. Name and Address of Current Registered Agent SCHONE, LARRY T 50 SE 4TH AVE DELRAY BEACH FL 33483		9. Name and Address of New Registered Agent 81 Name LARRY SCHONE 82 Street Address (P.O. Box Number is Not Acceptable) 83 50 SE 4TH AVE 84 City DELRAY BEACH FL 85 Zip Code 33483	
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11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 [Signature] DATE **8/23/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SCHMIDT, WILLIAM C	1.2 NAME	
STREET ADDRESS	64-B SE 5TH AVE	1.3 STREET ADDRESS	88 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☒ Change ☐ Addition
NAME	PENNINGTON, JOHN	2.2 NAME	
STREET ADDRESS	64-B SE 5TH AVE	2.3 STREET ADDRESS	88 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP	
TITLE	TSD	3.1 TITLE	☒ Change ☐ Addition
NAME	ZAKRYK, JOHN	3.2 NAME	
STREET ADDRESS	64-B SE 5TH AVE	3.3 STREET ADDRESS	88 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	KURLANDER, ADAM	4.2 NAME	
STREET ADDRESS	4-B SE 5TH AVE	4.3 STREET ADDRESS	88 NE 5TH AVE
CITY-ST-ZIP	DELRAY BEACH FL 33483	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 resolver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **WILLIAM C. SCHMIDT** 8/23/99 (561) 278-2299
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #