DOCUMENT # P99000081045

EVERCLEAR WATER SYSTEMS, INC.

Principal Place of Business

Mailing Address

FILED May 07, 2001 8:00 am Secretary of State

05-07-2001 90023 010 ***158.75

		FORT LAUDERDALE FL 33334			ብዛ የተመጠጠ ፣		
2 Principal P	Place of Business	3. Mailing Address					
60	N.E. 42 mast.	3. Mailing Address 5501 NE 25th AUE.		E.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
OAKA	AND PARK, FL.	City & State FT. Laud Erd	ALE, FL	.	4. FEI Number 65-0948888 Applied For Not Applicable		
3333		33308	LSA.	= 44.	5. Certificate of Status Desired - \$8.75, Additional Fee Required		
6. Name and Address of Current Registered Agent Name				-	7. Name and Address of New Registered Agent		
KARLIC, EDWARD 152 NE 33RD STREET FORT LAUDERDALE FL 33334			Street Address P.O. Box Number is Not Acceptable) AP+ 2				
		•	City C	ተ. L	Auderdale FL Zip Code 3330-8		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE MARY Aux FRANZ: KARLic V.D. Mary Com Jerry - Karlic 5-24-01 Signature, typed/x printed name of registered agent and title if applicable. (NOTE: Registered Agent signary re required when reinstating) DATE							
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		50.00			
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Karlic, Edward 152 Ne 33RD Street Fort Lauderdale FL 33334	■ Delete	NAME STREET ADDRESS CITY-ST-ZIP	550	TE KARLIC OINE 25 MAUE APT 2 LANGERDAIE FI 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP-	VD KARLIC, JOHN 3003 NW 5TH TERRACE, APT. 1 POMPANO BEACH FL 33064	Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP.	NA 6 55	RY ANN FRANZ-KARLIE Change Addition OINE 25 AUE AP+2 LANDERDATE, FJ. 3330-8		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME Street Address City-St-Zip	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like expowerer.

SIGNATURE: