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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # S07357

1. Corporation Name
REVERSE OSMOSIS OF SOUTH FLORIDA,INC.

Principal Place of Business	Mailing Address
12301 S.W. 133RD COURT MIAMI FL 33186	12301 S.W. 133RD COURT MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1990

2. Principal Place of Business	2a. Mailing Address
21 150 S.E. 29 ST	26 150 S.E. 29 ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT LAUDERDALE FL	City & State 28 FT LAUDERDALE FL
Zip 24 33315 Country 25 USA	Zip 29 33315 Country 30 U.S.A.

4. FEI Number: 65-0227082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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	10. Name and Address of New Registered Agent
LUNDELIUS, WALTER A 9946 NW 49 TERR MIAMI FL 33178	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ 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	D	☐ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GRAHAM, JAMES A		1.2 NAME	GRAHAM, JAMES A	
STREET ADDRESS	12311 S W 110 S CANAL ST RD		1.3 STREET ADDRESS	10100 S.W. 16 CT	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	DAVIE FL 33324	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GRAHAM, KRISTIN S		2.2 NAME	GRAHAM, KRISTIN S	
STREET ADDRESS	12311 S.W. 110 S CANAL ST RD		2.3 STREET ADDRESS	10100 S.W. 16 CT	
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP	DAVIE FL 33324	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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.

SIGNATURE: Kristin S. Graham 4/25/99 (954)462-4114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)