

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY - 1 AM 5: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S12158** (9)  
1. Corporation Name  
**WATER ENGINEERING CONCEPTS CORP.**

Principal Place of Business: **1440 BAY DR SUITE 11 MIAMI BEACH FL 33141**  
Mailing Address: **785 NE 206 STREET SUITE 11 NORTH MIAMI BEACH FL 33179 US**

2. Principal Place of Business: **785 NE 206 ST**  
2b. Mailing Address: **SAME**  
22. State Apt. #, etc.:  
23. City & State: **NORTH MIAMI BEACH FL**  
24. Zip: **33179** 25. County: **DADE** 29. City: 30. County:

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **11/13/1990** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0296303** 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 has liability for intangible tax under Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**B & C CORPORATE SERVICES, INC.  
175 NW 1 AVE  
SUITE 2000  
MIAMI FL 33128-9965**

10. Name and Address of New Registered Agent

01. Name:  
02. Street Address (P.O. Box Number is Not Acceptable):  
03. City:  
04. City: **FL** 05. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3)(b) 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 607.01(3)(b) Florida Statutes.

SIGNATURE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY |   |
|----------------------------|--|--|---|
| 01. NAME                   | <b>P<br/>DESLAURIERS, ROBERT N<br/>785 NT 206 ST<br/>N MIAMI BEACH FL 33179</b>  | 1. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 02. STREET ADDRESS         |  | 2. STREET ADDRESS  |   |
| 03. CITY, ST, ZIP          |  | 3. CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 04. NAME                   | <b>T<br/>VAILLANCOURT, DANIELLE<br/>785 NT 206 ST<br/>N MIAMI BEACH FL 33179</b> | 4. NAME  |   |
| 05. STREET ADDRESS         |  | 5. STREET ADDRESS  |   |
| 06. CITY, ST, ZIP          |  | 6. CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 07. NAME                   |  | 7. NAME  |   |
| 08. STREET ADDRESS         |  | 8. STREET ADDRESS  |   |
| 09. CITY, ST, ZIP          |  | 9. CITY, ST, ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME                   |  | 10. NAME   |   |
| 11. STREET ADDRESS         |  | 11. STREET ADDRESS                                       |   |
| 12. CITY, ST, ZIP          |  | 12. CITY, ST, ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(3)(b) Florida Statutes. I further certify that the information submitted 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 name of register was provided to complete this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer brought with an address.

SIGNATURE: \_\_\_\_\_ PRESIDENT 4/28/95 (305) 655-0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT N. DESLAURIERS**