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FILED
Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S18283 (9)
1. Corporation Name
CITY WATER INCORPORATED



Principal Place of Business: 100 S ORANGE AVE, 7TH FL, ORLANDO FL 32801
Mailing Address: 100 S ORANGE AVE, 7TH FL, ORLANDO FL 32801-3232

2. Principal Place of Business (21-23), 2a. Mailing Address (26-28), 24. Zip, 25. Country, 29. Zip, 30. Country

3. Date Incorporated or Qualified: 12/12/1990
3a. Date of Last Report: 04/12/1996
4. FEI Number: 59-3045493
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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
REBER, JOHN C.
109 EAST CHURCH STREET
5TH FLOOR
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: BERNHARDT, RICHARD C.	
STREET ADDRESS: 400 S. ORANGE AVE.	
CITY-ST-ZIP: ORLANDO FL	
TITLE: V	<input type="checkbox"/> DELETE
NAME: ARMSTEAD, RALPH ESQUIRE	
STREET ADDRESS: 1036 W AMELIA ST	
CITY-ST-ZIP: ORLANDO FL	
TITLE: ST	<input type="checkbox"/> DELETE
NAME: ANSLEY, ROBERT E.	
STREET ADDRESS: 100 S ORANGE AVE	
CITY-ST-ZIP: ORLANDO FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Glasser, Mitch
4.3 STREET ADDRESS	525 E. South Street
4.4 CITY-ST-ZIP	Orlando, FL 32801
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Slaughter, Bosco
5.3 STREET ADDRESS	13950 John Young Parkway
5.4 CITY-ST-ZIP	Orlando, FL 32837
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  3/19/97 (407) 648-1623
DATE DAYTIME PHONE #

CR2E034 (9/96)