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**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90008 034 \*\*\*158.75

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **S18283**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**12/12/1990**

4. FEI Number  
**59-3045493**

Applied For  
 Yes  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REBER, JOHN C.  
 109 EAST CHURCH STREET  
 5TH FLOOR  
 ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE VP  
 NAME GLASSER, MITCH  
 STREET ADDRESS 525 E. SOUTH ST.  
 CITY-ST-ZIP ORLANDO FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE P  
 NAME ARMSTEAD, RALPH ESQUIRE  
 STREET ADDRESS 1036 W AMELIA ST  
 CITY-ST-ZIP ORLANDO FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE ST  
 NAME ANSLEY, ROBERT E.  
 STREET ADDRESS 100 S ORANGE AVE  
 CITY-ST-ZIP ORLANDO FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  
 NAME SLAUGHTER, BOSCO  
 STREET ADDRESS 13950 JOHN YOUNG PARKWAY  
 CITY-ST-ZIP ORLANDO FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  
 NAME MORRIS, W D  
 STREET ADDRESS 2211 E HILLCREST ST  
 CITY-ST-ZIP ORLANDO FL 32803

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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:

*Robert E. Ansley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99  
 DATE

(407)6481623  
 DAYTIME PHONE #

CR2E034 (1/98)