FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$25220

(2)

WATER CONSULTANTS INTERNATIONAL, INC.

	CR RD	Mailing Address 6950 CYPRESS CR RD STE 208/5 FT LAUDERDALE FL 33317 2a. Mailing Address			3. Date Incorporated or Qualified 01/14/1991 01/25/1996 4. FEI Number Applied For				
21		26				65-0239445			lot Applicable
Suite Apt		Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee R	Additional lequired
City & Stat	te	City & State				6. Election Campaign Financing	-		May Be
23		28				Trust Fund Contribution	<u> </u>		to Fees
Ζιρ	Country Zip			Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent			,	10. Name and Address of New Rec	istered /	Agent	
HOR	INBURG, CHARLES D.			81	Name				
	EL DORADO PARKWAY AUDERDALE FL 33317			82	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	-i	
'''	Nobelia de le cooti			83					
				84	City		FL	85 Zip	Code
agent. La SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Stat	utes	\$.	coration submits this statement for the prion's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
12.	OFFICERS AF	DELETE DELETE			······································	ADDITIONS/CHANGES TO OFFIC	ENS ANL		
NAME STREET ADDRESS CITY-ST-ZIP	HORNBURG, CHARLES D. 601 EL DORADO PARKWAY FT LAUDERDALE FL	□ DELETE		ame Reet	T ADDRESS ST-ZIP			Change	Addition .
TITLE	D	DELETE	2.1 T i	TLE				☐ Change	Addition
NAME	WATSON, BRUCE M.		2.2 NA	WE					
STREET ADDRESS	601 EL DORADO PARKWAY		2.3 57	REET	T ADDRESS	• :		:	
CITY-ST-ZIP	FT LAUDERDALE FL		2.40	tTY-	ST-ZIP	·			
TITLE	D	☐ DELETE	3.1 Ti					Change	Addition
NAME	HORNBURG, JEFFREY T.		3.2 N/	ME					
STREET ADDRESS	601 EL DORADO PARKWAY		3.3 S1	REET	T ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL				ST-ZIP				
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STREET ADDRESS					İ				
CITY-ST-ZIP	<u> </u>	DELETE			ST-ZIP			Change	Addition
TITLE		[] DELETE	6.1 TI					- CHANGE	Addition
NAME			62 N		1				
STREET ADDRESS	1				T ADORESS				
CITY-ST-ZIP	1		■ 64 CI	IIY-'	ST-7IP				,

SIGNATURE:

appears in Block 12 or Block

READ TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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 control or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

1/26/97 954-794-7204 Daytime Phone *

FILED

Jan 31 1997 8:00am

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Secretary of State

R2E034 (9/96)