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Apr 29 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 # S25802 (7)

1. Corporation Name  
WATERMASTER METERING SYSTEMS, INC.



Principal Place of Business  
1570 MADRUGA AVE SUITE 200  
C/O CAPITAL MANAGEMENT ASSOCIATES  
CORAL GABLES FL 33146

Mailing Address  
1570 MADRUGA AVE SUITE 200  
C/O CAPITAL MANAGEMENT ASSOCIATES  
CORAL GABLES FL 33146-3059

3. Date Incorporated or Qualified  
01/17/1991

3a. Date of Last Report  
04/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0240472	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent CARL SANTANGELO 3000 N. FEDERAL HWY SUITE 200, BUILDING #2 FT. LAUDERDALE FL 33308	10. Name and Address of New Registered Agent 81 Name Howard Millhauser 82 Street Address (P.O. Box Number is Not Acceptable) 1570 Madruga Ave Ste 200 83 84 City Coral Gables FL 85 Zip Code 33134
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME MILLHAUSER, HOWARD STREET ADDRESS 1570 MADRUGA AVE STE 200 CITY - ST - ZIP CORAL GABLES FL	<input type="checkbox"/> DELETE	1.1 TITLE D/C 1.2 NAME Rachsleitner, Peter 1.3 STREET ADDRESS 1570 Madruga Ave Ste 200 1.4 CITY - ST - ZIP Coral Gables FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME SANTANGELO, CARL STREET ADDRESS 3000 N. FEDERAL HWY. CITY - ST - ZIP FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D 2.2 NAME Klein, Michael 2.3 STREET ADDRESS 1570 Madruga Ave Ste 200 2.4 CITY - ST - ZIP Coral Gables FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 4/21/97 305-507-1950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)