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 # **\$54718**

(9)

ALLEGHENY MOUTAIN WATER INCORPORATED

Principal Plac	e of Business	Mailing Address			[16 10 6 11 6 11 12 13 14 15 16 17 17 17 17 17 17 17	J ALBIN ANELL DISHI ANDIN OSANI BIBIN JODI
914 NE 24 LN		914 NE 24 LN	914 NE 24 LN			
#2		#2				
CAPE CORAL F	r 3390a	CAPE CORAL FL 33909-2	818		3. Date Incorporated or Qualified	3a. Date of Last Report
					05/23/1991	06/22/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0375909	Not Applicable
Suite Apt	#, etc.	Suite, Apt. #, etc.				¢0.75 + 4444
27					5. Certificate of Status Desired	Fee Required
City & State	6	City & State	±		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zφ	Country Zrp		Countr	y	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	ent Registered Agent		1 41	10. Name and Address of New R	legistered Agent
	/AN, PATRICK		81	Name		
914 NE 24 LN			82	Street Add	dress (P.O. Box Number is Not Accepte	able)
#2			0.5	83		110 and 110 an
CAPI	E CORAL FL 33909		. 0	1		
			84	City		85 Zip Code
ala Dina	10,007,00	00 007 4400 Florida Plat	utas the sho		rporation submits this statement for the	PL
office or r	registered agent, or both, in the Sta	te of Florida. Such change was	s authorized b	y the corpor	ation's board of directors. I hereby according	ept the appointment as registered
agent Fa			Florida Statule	·S.	Х	
SIGNATURE	Strate of disposited name of majorited a	vant	OTE Registered Ad	ent signature reg	uired when reinstating)	DATE
12.	OFFICERS AND DIRECTORS		13.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDITIONS/CHANGES TO OFF	
THE	D	DELETE	1.1 TITLE			Change Addition
NAME	ROWAN, PATRICK		1.2 NAME			
STREET ADDRESS	914 NE 24 LN #2		1.3 STREE	1 ADDRESS		
CiTY-S1-ZiP	CAPE CORAL FL		1.4 CITY -	ST-ZIP		
TrillE	PSC	DELETE 2.11				Change Addition
NAM:	ROWAN, FRANK SR.		2.2 NAME			
STREET ADDRESS	1671 S. FOUNTAINHEAD RD.		2.3 STREE	T ADDRESS		
0:1Y+S1+7iP	FT. MYERS FL 33919		2. 4 CITY			
1016		☐ DELETE	3.1 TITLE		τ	Change Addition
NAME			3.2 NAME	.	Elizabeth Kowan	A 04
STREET ADDRESS		•	3.3 STREE	T ADDRESS	1671 S. Fourtlainhea	
011Y - S1 - 71P			3.4. CITY	ST-ZIP	Ft. Myers, F1,339	
TILLE		DELETE	4.1 TITLE			Change Addition
NAME			4, 2 NAM			!
STREET ADDRESS				T ADDRESS		
CHY+\$1-ZIF		Drisze	4.4 CiTY -			Chesso Ladaria
TITLE		☐ DELETE	51 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY S1-Z0F		DELETE	5.4 CHY-		***************************************	Change Addition
TILF		ר"ו מנונונ	6.1 TITLE			Fit custings Fit whollon
NAMI CANACA ACCOCA A			6.2 NAME	- 1		
STREET ADDRESS				T ADDRESS	•	
OTY-ST-7	1		6.4 CITY-	51-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: Y SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 03 1997 8:00am

Secretary of State

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