

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 19 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 # S62877 (3)  
1. Corporation Name  
PURE FLOW WATER COMPANY, INC.



Principal Place of Business  
3806 N. 28TH AVENUE  
HOLLYWOOD FL 33020

Mailing Address  
3806 N. 28TH AVENUE  
HOLLYWOOD FL 33020

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11820 NW 37 STREET Suite, Apt. #, etc. 22		2a. Mailing Address 26 11820 NW 37 STREET Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 06/27/1991	3a. Date of Last Report 01/24/1996
23 City & State CORAL SPRINGS, FL Zip 33065 Country		28 City & State CORAL SPRINGS, FL Zip 33065 Country		4. FEI Number 65-0273111	Applied For Not Applicable
24		29		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26		31		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MACKEY, WILLIAM K.  
8808 N. 20 AVENUE  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name MACKEY, WILLIAM K.  
82 Street Address (P.O. Box Number is Not Acceptable)  
11820 NW 37 STREET  
83  
84 City CORAL SPRINGS FL 85 Zip Code 33065

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKEY, WILLIAM K	1.2 NAME	P.S.D. MACKEY, WILLIAM K.
STREET ADDRESS	8808 N. 20 AVENUE	1.3 STREET ADDRESS	11820 NW 37 STREET
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, JERREY L.	2.2 NAME	
STREET ADDRESS	8808 N. 20TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, WILLIAM F.	3.2 NAME	
STREET ADDRESS	8808 N. 20TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	T.D. OVERMEYER, GEORGE
STREET ADDRESS		4.3 STREET ADDRESS	11820 NW 37 STREET
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, in or an attachment with an address.

SIGNATURE  
Sandra B. Mortham  
DATE 9/12/97 (954) 706-3338

CR2E034 (4/97)