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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MEN # \$6287 E FLOW WATER COMPANY	` '			
Principal Plac	e of Business	Mailing Address		- 1 INDIVIDIO INDIVINIO PRODI FRANCIDO IN URBINO POLI	DIGII QIBII DIBII DIBII QIBII INGI
11820 NW 37TH ST CORAL SPGS FL 33065 US		11820 NW 37TH ST CORAL SPGS FL 33065 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified  06/27/1991	
2, Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0273111	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip	Country 50	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation of the corporation owes or has paid the corporation owes.	
[27]	g. Name and Address of Currer		1	10. Name and Address of New Registere	
	AACKEY, WILLIAM K		81 Name		
11820 NW 37TH ST			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
'	CORAL SPGS FL 33065		83		
			84 City		85 Zip Code
			,	F	L     `
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 purified name of registered agent and thin if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE NAME	PSD	DELETE	1.1 TITLE		Change Addition
STREET ADORESS	MACKEY, WILLIAM K 11820 NW 37TH ST		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL		1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2.1 TITLE	- Mayon,	Change Addition
NAME	OVERMEYER, GEORGE		2.2 NAME		
STREET ADDRESS	11820 NW 37TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPGS FL	00.07	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	<del></del>	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			61 TITLE		Change   Addition
NAME CTREET ADORESE			6.2 NAME		
STREET ADORESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - ZIP		

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 sanual 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 chapter 607 or of an exact mental with an address.

**FILED** 

Jan 30 1998 8:00am

Secretary of State