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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Moynihan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S75272** (2)
1. Corporation Name
CUSTOM IRRIGATION REPAIR, INC.

Principal Place of Business
**P.O. BOX 2402
WINTER PARK FL 32790**

Mailing Address
**P.O. BOX 2402
WINTER PARK FL 32790**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Name and Address of Current Registered Agent
**EMERSON, ERIC
6340 RIDGEBERRY DR
ORLANDO FL 32819**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	1.1. TITLE
NAME	1.2. NAME
STREET ADDRESS	1.3. STREET ADDRESS
CITY - ST - ZIP	1.4. CITY - ST - ZIP
TITLE	2.1. TITLE
NAME	2.2. NAME
STREET ADDRESS	2.3. STREET ADDRESS
CITY - ST - ZIP	2.4. CITY - ST - ZIP
TITLE	3.1. TITLE
NAME	3.2. NAME
STREET ADDRESS	3.3. STREET ADDRESS
CITY - ST - ZIP	3.4. CITY - ST - ZIP
TITLE	4.1. TITLE
NAME	4.2. NAME
STREET ADDRESS	4.3. STREET ADDRESS
CITY - ST - ZIP	4.4. CITY - ST - ZIP
TITLE	5.1. TITLE
NAME	5.2. NAME
STREET ADDRESS	5.3. STREET ADDRESS
CITY - ST - ZIP	5.4. CITY - ST - ZIP
TITLE	6.1. TITLE
NAME	6.2. NAME
STREET ADDRESS	6.3. STREET ADDRESS
CITY - ST - ZIP	6.4. CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1. TITLE	Change Addition
1.2. NAME	Change Addition
1.3. STREET ADDRESS	Change Addition
1.4. CITY - ST - ZIP	Change Addition
2.1. TITLE	Change Addition
2.2. NAME	Change Addition
2.3. STREET ADDRESS	Change Addition
2.4. CITY - ST - ZIP	Change Addition
3.1. TITLE	Change Addition
3.2. NAME	Change Addition
3.3. STREET ADDRESS	Change Addition
3.4. CITY - ST - ZIP	Change Addition
4.1. TITLE	Change Addition
4.2. NAME	Change Addition
4.3. STREET ADDRESS	Change Addition
4.4. CITY - ST - ZIP	Change Addition
5.1. TITLE	Change Addition
5.2. NAME	Change Addition
5.3. STREET ADDRESS	Change Addition
5.4. CITY - ST - ZIP	Change Addition
6.1. TITLE	Change Addition
6.2. NAME	Change Addition
6.3. STREET ADDRESS	Change Addition
6.4. CITY - ST - ZIP	Change Addition

14. 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 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Mr. 2798 401-647-0658**

CR2E034 (10/97)