

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
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DOCUMENT # **S81296** (3)
1. Corporation Name
AQUA CARE SYSTEMS OF CHILE, INC.



Principal Place of Business
**3806 N. 29TH AVENUE
HOLLYWOOD FL 33020**

Mailing Address
**3806 N. 29TH AVENUE
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11820 NW 37 STREET Suite, Apt. #, etc. 22 City & State 23 CORAL SPRINGS, FL Zip 24 33065 Country 25		2a. Mailing Address 26 11820 NW 37 STREET Suite, Apt. #, etc. 27 City & State 28 CORAL SPRINGS, FL Zip 29 33065 Country 30		3. Date Incorporated or Qualified 09/19/1991		3a. Date of Last Report 01/25/1996	
				4. FEI Number 65-0284402		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				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. 3806 N. 29 AVE. 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	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	P.S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKEY, WILLIAM K.			1.2 NAME	MACKEY, WILLIAM K.		
STREET ADDRESS	8800 N. 29 AVE.			1.3 STREET ADDRESS	11820 NW 37 STREET		
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULTZ, JEFFREY L.			2.2 NAME			
STREET ADDRESS	8800 N. 29TH AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TITLE	CEO	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWAN, WILLIAM F.			3.2 NAME			
STREET ADDRESS	3806 N. 29TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	T.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	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, or on an attachment with an address.

SIGNATURE: **WILLIAM K. MACKEY** 9/12/97 (954) 796-3338

CR2E034 (4/97)