

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V05285

(4)

1. Corporation Name

ALL FLORIDA WATER, INC.

Principal Place of Business

Mailing Address

3032 N.W. 25 AVENUE
POMPANO BEACH FL 33069
US

3032 N.W. 25 AVENUE
POMPANO BEACH FL 33069
US

*all Florida Water
received 2nd SECOND NOTICES
on the morning 6/4/96 -
there was never a first
notice delivered to us.*



2. Principal Place of Business

2a. Mailing Address

21 2329 N.W. 30 PLACE

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
POMPANO BEACH FL

27 City & State

23 Zip
33369

28 Zip

24 Country
BROWARD

29 Country

25

30

3. Date Incorporated or Qualified

01/09/1992

3a. Date of Last Report

03/21/1995

4. FEI Number

65-0307168

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAMES M. PAINTER P.A.
1300 N FEDERAL HWY
SUITE 110
BOCA RATON FL 33432-2848

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 VPD
NAME PRENTICE, DAVID M.
STREET ADDRESS 1545 SW 13 ST
CITY - ST - ZIP BOCA RATON FL

TITLE PD
NAME PRENTICE, SUSAN C.
STREET ADDRESS 1545 SW 13 ST
CITY - ST - ZIP BOCA RATON FL

TITLE V
NAME PRENTICE, DAVID CLAY
STREET ADDRESS 1545 SW 13 ST
CITY - ST - ZIP BOCA RATON FL

TITLE AV
NAME PRENTICE, JASON CLARK
STREET ADDRESS 1545 SW 13 ST
CITY - ST - ZIP BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan C. Prentice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (3/96)