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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V08121**

1. Corporation Name
H2O TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
111 NO MISSOURI AVE LARGO FL 34640 US	C/O JOHNR. BATTLE P.O. BOX 1377 CRYSTAL RIVER FL 34423-1377 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1992

4. FEI Number
59-3101515
[ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

BATTLE, JOHN R
11306 WEST POOL CT
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

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 (if new) (if applicable) (NOTE: Required Agent signature required when new agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	BATTLE, JOHN R		12 NAME	
STREET ADDRESS	11306 WEST POOL CT		13 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429		14 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	BATTLE, MAX G SR		22 NAME	
STREET ADDRESS	2146 BEECHER RD		23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625		24 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	WOOD, ALBERT A		32 NAME	
STREET ADDRESS	4830 BLUE JAY CIRCLE		33 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683		34 CITY-ST-ZIP	
TITLE	D	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	DOWNES, JOHN		42 NAME	
STREET ADDRESS	803 SPARROWS AVE		43 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683		44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/99 352-795-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #