

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V38655** (9)

1. Corporation Name
CLEAR WATER PRODUCTS CO.



Principal Place of Business: **817-819 COURT STR CLEARWATER FL 34616 US**
Mailing Address: **PO BOX 2891 CLEARWATER FL 34617 US**

3. Date Incorporated or Qualified: **05/27/1992**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **59-3136415**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26 PO Box 1400**
Suite, Apt. #, etc.: **22**
City & State: **27 CLEARWATER, FL**
Zip: **24** **25** **29 34617** Country: **30 US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILVERMAN, PHILIP
12960 106 AV N
LARGO FL 34644

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

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 and completed Agent or the Agent's Agent (If the Registered Agent's signature request who is resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, PHILIP	1.2 NAME
STREET ADDRESS	12960 106 AV N	1.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, FRANCA	2.2 NAME
STREET ADDRESS	12960 106 AV N	2.3 STREET ADDRESS
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
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

000001883350
-07/03/96--01051--008
*****468.50**

07-02-96 OK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip Silverman, President

3/28/96

Date

Day/Month/Year

CR2E034 (12/95)