

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 14 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |         |                                                                                                                                                                                                                                                                                                                                                                                                        | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>DOCUMENT # V51328 (5)</b><br>1. Corporation Name<br><b>H2OK, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Principal Place of Business<br><b>103 S. OSCEOLA AVENUE<br/>SUITE 1<br/>ORLANDO FL 32801<br/>US</b>                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                          | Mailing Address<br><b>103 S. OSCEOLA AVENUE<br/>SUITE 1<br/>ORLANDO FL 32801-2837<br/>US</b>                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country                                                                                                                                                                                                                                                                                                                                                             |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |                                                                                                                                                                                                                                                                                                                                                                                                        | 3. Date Incorporated or Qualified<br><b>07/17/1992</b><br>3a. Date of Last Report<br><b>04/17/1996</b><br>4. FEI Number<br><b>58-3135097</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>EVANS JR., ROBERT F<br/>103 S. OSCEOLA AVENUE<br/>SUITE 1<br/>ORLANDO FL 32801</b>                                                                                                                                                                                                                                                                                                                        |  |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                        | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE                                                                                                                                                                                                                                                                                                     |  |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 12. OFFICERS AND DIRECTORS<br>TITLE NAME STREET ADDRESS CITY-ST-ZIP<br>P PATE, RICHARD 620 SOWELL RD. MC DONOUGH GA<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE<br>DELETE                                                                                                                                                                                                                                                                                 |  |                                                                                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12<br>11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP<br>21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP<br>31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP<br>41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP<br>51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP<br>61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP<br>Change Addition |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

SIGNATURE:

*Richard Pate* Richard Pate 3-11-97 770-914-7772

CR2E034 (9/96)