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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V65046

(7)

EWATRA CORPORATION

Principal Place of Business Mailing Address 1318 LAFAYETTE ST 1318 LAFAYETTE ST CAPE CORAL FL 33904-9770 CAPE CORAL FL 33904 3a. Date of Last Report 3. Date incorporated or Qualified 09/16/1992 04/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0354903 Not Applicable 26 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees **Trust Fund Contribution** 23 28 Country Country Zip Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗷 No 30 25 29 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HILL, THOMAS W. 1318 LAFAYETTE ST Street Address (P.O. Box Number is Not Acceptable) 82 CAPE CORAL FL 33904 83 84 City 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. Slipsature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1 1 TITLE HILE HILL, THOMAS W. 1.2 NAME NAME 1318 LAFAYETTE ST 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 0(1Y-S1-7)P 1.4 CfTY+ST-ZIP DELETE Change Addition 21 TITLE TITLE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS Diff-SI-Za 2 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE THRE 32 NAME NAME 3 3 STREET ADDRESS STRELL ADDRESS CHTY-ST-ZIF 34. CITY-ST-ZIP DELETE Change Addition 41 TITLE 10.6 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY - ST. ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I do nereby 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 12 or Block 12 or an an attachment with an address.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE

CITY - ST - ZIP

STREET ADDRESS

City - St - Zif

TILLE

NAME

NO TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

DELETE

4-29-97 (

(941) 549 - 2444 Savime Phone #

Change

Addition

FILED

May 09 1997 8:00am

Secretary of State
