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May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # V67018 (4)

1. Corporation Name  
MCDUGAL WATER CORPORATION, INC.

Principal Place of Business  
3569 NW 53RD CT  
FT. LAUDERDALE FL 33309  
US

Mailing Address  
3510 S DIXIE HWY  
MIAMI FL 33133-4342



3. Date Incorporated or Qualified 09/28/1992  
3a. Date of Last Report 04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDUGAL, ROBERT D III  
3510 S DIXIE HWY  
MIAMI FL 33133

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 DP  
NAME MCDUGAL, ROBERT D III  
STREET ADDRESS 3510 S DIXIE HWY  
CITY - ST - ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE DV  
NAME MCDUGAL, ROBERT D IV  
STREET ADDRESS 3510 S DIXIE HWY  
CITY - ST - ZIP MIAMI FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE DS  
NAME ADKINS, MILTON R  
STREET ADDRESS 3502 ALHAMBRA CIR  
CITY - ST - ZIP CORAL GABLES FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D  
NAME HANSON, BRIAN  
STREET ADDRESS 3795 WOODWALK BLVD  
CITY - ST - ZIP LAKE WORTH FL

4.1 TITLE DS  
4.2 NAME Hanson, Brian  
4.3 STREET ADDRESS 3795 Woodwalk Blvd.  
4.4 CITY - ST - ZIP Lake Worth, FL

TITLE D  
NAME RICHARDSON, JAMES R  
STREET ADDRESS 17265 SW 301 ST  
CITY - ST - ZIP HOMESTEAD FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/97

305-445-3567

CR2E034 (9/96)