

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

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J91292 (9)
 1. Corporation Name
FLOW WATERJET FLORIDA CORPORATION

Principal Place of Business 23500 - 64TH AVENUE SOUTH KENT WA 98032	Mailing Address 23500 - 64TH AVENUE SOUTH KENT WA 98032
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/04/1987	
4. FEI Number 65-0016972	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARRANT, RONALD W	1.2 NAME	
STREET ADDRESS	23500 64TH AVENUE, SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA 98032	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENESS, JOHN S	2.2 NAME	
STREET ADDRESS	23500 64TH AVENUE SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA 98032	2.4 CITY-ST-ZIP	
TITLE	VPCO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSS, THOMAS A	3.2 NAME	
STREET ADDRESS	23500 64TH AVENUE, SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENT WA 98032	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITTINGER, ROBERT	4.2 NAME	
STREET ADDRESS	530 MOON CLINTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKLER, PATRICK	5.2 NAME	
STREET ADDRESS	530 MOON CLINTON ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACCHINI, ROBERT L	6.2 NAME	
STREET ADDRESS	530 MOON CLINTON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA 15108	6.4 CITY-ST-ZIP	

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.

SIGNATURE _____ DATE **2/2/98**

CR2E034 (10/97)

(253)
857-3500