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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000044683 ✓
 1. Corporation Name
 H2O Ventures, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 1920 SW 37th Ave.
 Suite, Apt. #, etc.
 22
 City & State
 23 Ocala, FL
 Zip Country
 24 34474 25

2a. Mailing Address
 26 One Culligan Pkwy
 Suite, Apt. #, etc.
 27
 City & State
 28 Northbrook, IL
 Zip Country
 29 60062 30

3. Date Incorporated or Qualified
 5/24/96

4. FEI Number
 59-3384304 Applied For Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 CT Corporation System
 1200 South Pine Island Rd.
 Plantation, FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pertz, Douglas <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Salvati, Michael <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christensen, Edward <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Crowell, Mike <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Paulick, Thomas E. <input type="checkbox"/> DELETE One Culligan Pkwy Northbrook, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fuller, Donald <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D, VP, T Ross M. Campbell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Culligan Pkwy Northbrook, IL 60062
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D, P Calvin Hendrix <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Culligan Pkwy Northbrook, IL 60062
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D, VP, S Michael E. Hulme, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Culligan Pkwy Northbrook, IL 60062
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VP Kevin L. Spence <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 40-004 Cook St. Palm Desert, CA 92211
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS Amy G. Gossin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 40-004 Cook St. Palm Desert, CA 92211
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AT William White <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Culligan Pkwy Northbrook, IL 60062

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, with all other like empowered.

SIGNATURE: Amy Gossin 4/22/99 414-521-8504
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Amy G. Gossin, Asst. Secy

CR2E034 (11/98)