


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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90093 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000040877

1. Corporation Name
H2O INVESTMENTS, INC.

Principal Place of Business 122 AZALEA DRIVE DESTIN FL 32541	Mailing Address P.O. BOX 5404 DESTIN FL 32540
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8B Commerce Road	26 P.O. BOX 1785			05/05/1998	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number		Applied For	
		59-3508425		Not Applicable	
23 City & State	28 City & State	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
DESTIN, FLORIDA	DESTIN, FLORIDA	<input type="checkbox"/>		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
32541	USA	32540		USA	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
BLUE, ROB JR. 221 MCKENZIE AVENUE PANAMA CITY FL 32401			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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINN, JEFF R	1.2 NAME	
STREET ADDRESS	608 BEACH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, THOMAS V	2.2 NAME	
STREET ADDRESS	P.O. BOX 5404	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODYARD, DERRICK	3.2 NAME	
STREET ADDRESS	P.O. BOX 5404	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEE, JOHN K	4.2 NAME	
STREET ADDRESS	P.O. BOX 5404	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32540	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Jeff R Linn* RECEIVED LINN 3/31/99 850-837-8474
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)