

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

FILED
Apr 17 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 # F30973 (4)
1. Corporation Name
AQUASURE, INC.

Principal Place of Business 12900 AUTOMOBILE BLVD SUITE L CLEARWATER FL 34622-1715	Mailing Address 12900 AUTOMOBILE BLVD SUITE L CLEARWATER FL 34622-1715
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6399-142ND AVE. N. Suite, Apt. #, etc. 22 # 102 City & State 23 CLEARWATER Zip 24 33760-2725 PINELLAS		2a. Mailing Address 26 6399-142ND AVE. N. Suite, Apt. #, etc. 27 # 102 City & State 28 CLEARWATER Zip 29 33760-2725 PINELLAS		3. Date Incorporated or Qualified 04/16/1981	
		4. FEI Number 59-2126570		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 or has paid the current year Intangible Personal Property Tax due June 30.		☐ Yes ☐ No	

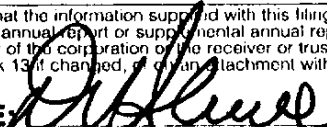
9. Name and Address of Current Registered Agent SHURE, DONALD 12900 AUTOMOBILE BLVD., SUITE L CLEARWATER FL 34622-1715		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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	0 SHURE, DONALD	1.1 TITLE	
NAME	12900 AUTOMOBILE BLVD #L	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 in an attachment with an address.

SIGNATURE  11/5/98 813-535-1720

CR2E034 (10/97)