

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002805
1. Corporation Name

AQUAGENIX, INC.

Principal Place of Business 6500 NW 15 Avenue Ft. Lauderdale, FL 33309	Mailing Address 6500 NW 15 Avenue Ft. Lauderdale, FL 33309
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FILED

99 JUN -7 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 5/27/94	4. FEI Number 65-0419263	Applied For ☐ Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	
23 Zip	28 Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No		
24	25	29	30	

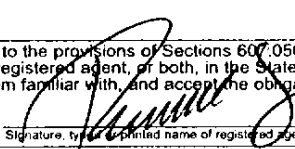
9. Name and Address of Current Registered Agent

Dean D. Marotta
6500 NW 15 Avenue
Ft. Lauderdale, FL 33309

10. Name and Address of New Registered Agent

81 Name Russell Thompson	85 Zip Code 33309
82 Street Address (P.O. Box Number is Not Acceptable) 6500 NW 15 Avenue	
83	
84 City Ft. Lauderdale, FL	

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 6/3/99

Signature, type 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 NAME STREET ADDRESS CITY-ST-ZIP	D/VP John P. Hart 6500 NW 15 Avenue Ft. Lauderdale, FL 33309 ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/D Russell Thompson 6500 NW 15 Avenue Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/P/T/S Andrew P. Chesler 6500 NW 15 Avenue Ft. Lauderdale, FL 33309 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	CFO/S/T Peter LeMay 6500 NW 15 Avenue Ft. Lauderdale, FL 33309 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen H. Stern 6500 NW 15 Avenue Ft. Lauderdale, FL 33309 ☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Abraham S. Fischler 6500 NW 15 Avenue Ft. Lauderdale, FL 33309 ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey T. Katz 6500 NW 15 Avenue Ft. Lauderdale, FL 33309 ☒ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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: Russell Thompson

6/3/99

(254) 969-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #