

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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SECRETARY OF STATE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G20973 (5)**

1. Corporation Name  
**AQUA MARINE, INC. OF SARASOTA**

Principal Place of Business <b>1096 N WASHINGTON BLVD SARASOTA FL 34236-3401</b>	Mailing Address <b>1096 N WASHINGTON BLVD SARASOTA FL 34236-3401</b>
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <b>1120 N. WASHINGTON BLVD</b>	2a. Mailing Address 26 <b>1120 N. WASHINGTON BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 <b>SARASOTA FL</b>	City & State 28 <b>SARASOTA FL</b>
Zip 24 <b>34236</b>	Zip 29 <b>34236</b>
County 25 <b>SARASOTA</b>	County 30 <b>SARASOTA</b>

3. Date Incorporated or Qualified <b>01/31/1983</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>65-0124209</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. The corporation has liability for interest tax under C. 100.000, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BALOUN, LADIA  
1096 NORTH WASHINGTON BOULEVARD  
SARASOTA FL 34237**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>BALOUN, LADIA</b>
STREET ADDRESS	<b>302 S PARK BLVD</b>
CITY ST ZIP	<b>VENICE, FL 00000</b>
TITLE	<b>VPS</b>
NAME	<b>BALCAR, PAVEL</b>
STREET ADDRESS	<b>3532 AUSTIN ST</b>
CITY ST ZIP	<b>SARASOTA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:  **6-19-95** 813-954-4318  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)  
**LADIA BALOUN, PRES.**