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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90051 004 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000007311

1. Corporation Name

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

ADVANC	ED AQUACARE, INC.									
Principal Place	of Business	Mailing Ad	Idress			· · · · · · · · · · · · · · · · · · ·	F IOMALOUGH HIS ESTATE THAT SOLLE			
2145 S US 1 P O BOX 633 ROCKLEDGE FL 32955 COCOA FL 32923-0633 US US							DO NOT WRITE IN THIS SPACE			
•							3. Date incorporated or Qualifed 01/28/1993	·	· · · · · · · · · · · · · · · · · · ·	
2. Principal Pla	ace of Business	2a. Mailing	g Address				4. FEI Number 59-3165267		No	plied For t Applicable
Suite, Apt. #, etc.		- Suite,	- Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	quired	
City & State	θ,	City &	State				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25	Zip	,	30 Cc	ountry		This corporation owes the cur Personal Property Tax.		- <b>⊠</b> Yes	□No
=-11	9. Name and Address of Currer	nt Registered A	gent		Ţ.,		10. Name and Address of New	Registered	Agent	<del></del>
OH 51	V DDCNDA O		, ,		81	Name				
443	Y, BRENDA G SUMMERS CREEK DR				82	Street Addre	ss (P.O. Box Number is Not Accep	table)	.,.	
MER	RITT ISLAND FL 32952				83				(.	<b>清赏书</b> 。
					84	City	1 - 2 - 12 - 12 - 12 - 12 - 12 - 12 - 1	FL	85 Zip (	Code
		of Florida, Such	h channe was a	authoriza	ed by t	the comoration	n's board of directors. I hereby acco	ept ine appoi	Italioni as io	gisterea
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	le. (NOTI	E: Register	red Agent		oration submits this statement for the n's board of directors. I hereby accumulate the new particular of the n	DATE		· ———
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ations of, Section	le. (NOTI	E: Register	red Agent			DATE		· ———
SIGNATURE  12.	Signature, typed or printed name of registered age  OFFICERS AN	ent and title if applicable	le. (NOTI	E: Register	red Agent		when reinstating)	DATE	ID DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AND DP RILEY, BRENDA G	ent and title if applicable	le. (NOTI	E: Register	red Agent 3. I TITLE 2 NAME		when reinstating)	DATE	ID DIRECTO	ORS IN 12
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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 embowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block .13 if charged, or on an attachment with an andress, with all other like empowered.