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**APPROVED
AND
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95 MAY -1 PM 6:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 586691

1. Corporation Name

AQUANOTS, INC.

Principal Place of Business

**880 S.W. 8 STREET
MEANE, FL. 33130**

Mailing Address

**880 S.W. 8 STREET
MEANE-FL 33130**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10-11-1991

3a. Date of Last Report
1994

2. Principal Place of Business

21 Suits, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suits, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

4. FEI Number

65-0298359

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 has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CASTELLO, HUMBERTO
880 S.W. 8 TH. STREET
MEANE-FL 33130**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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

Antonio Genovis

Typed or printed name of registered agent and his or her title.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-2-95

12. OFFICERS AND DIRECTORS

TITLE	S/D
NAME	GENOVIS, ANTONIO I.
STREET ADDRESS	880 S.W. 8 STREET
CITY - ST - ZIP	MEANE-FL 33130
TITLE	P/D
NAME	CASTELLO, HUMBERTO
STREET ADDRESS	880 S.W. 8 STREET
CITY - ST - ZIP	MEANE-FL 33130
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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****200.00 ****200.00**

REMITTED BY MAY 1 '95

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 110.07(3)(b), 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:

Antonio Genovis

Signature and typed or printed name of signing officer or director

4-28-95

Date

Daytime Phone #