FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Martham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V65433 AQUA KULTURE SURF SHOP, INC.

(7)

APPROVED AND FILED

1997 OCT 27 PN 3: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA



							I BARBA BARA BARA I ING I	
Principal Place of Business Mailing Address							minit minit nägät jänt	
2462 SOUTHEAST FEDERAL HIGHWAY STUART FL 34994		2462 SOUTHEAST FEDER	ral highway					
ISTUART FL 34 US	894	STUART FL 34994-4531 US						
		00			3. Date Incorporated or Qualified	3a. Date	of Last Report	
					10/01/1992	08/20	/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21	1 26			65-0367160			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional	
22 27							Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
Zip Country		7in Country		Trust Fund Contribution Added to Fees				
24				,	8. This corporation has liability for intangible tax under s. 199.032, Florida Statules			
24	9. Name and Address of Curre		30		Florida Statutes 10. Name and Address of New Re			
FRA	NK & LAURIE CIFARELLI	in the glottered Agent	81	Name	to. Name and Address of the vite	Biotolog VE		
	2 SOUTHEAST FEDERAL HIGHY	VAV						
STUART FL 34994				82 Street Address (P.O. Box Number is Not Acceptable)				
1 ₂			83					
• • • • • • • • • • • • • • • • • • •								
			84	City		FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607 056	02 and 607 1508. Florida Stat	utes, the abov	e-named cor	rooration submits this statement for the n		nanging its registered	
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was ations of, Section 607.0505, I	authorized by lorida Statute	the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	the appoir	ntment as registered	
SIGNATURE								
12.	Signature, typod or printed name of registered ag	ont and tale if applicable. (NO ID DIRECTORS	D1E: Registered Ag	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND D	IDECTORS IN 10	
TITLE	VP OFFICERS AN	DELETE	1.1 TITLE		ADDITIONS/CHAINGES TO OFFIC		Change Addition	
NAME	CIFARELLI, FRANK	barrie	1.2 NAME	j			T cuttings [1.7] I tooliten	
STREET ADDRESS	1600 NE 23RD TERRACE		1.3 STREES	ADDRESS				
CITY-ST-ZIP	JENSEN BEACH FL		1.4 City - 9					
TITLE	P	DELETE	2.1 TITLE	1-21	1000023		Citana:	
NAME	NICKERSON, LAURIE A		2.2 NAME	ľ	-10/29/	9701	125003	
STREET ADDRESS	1600 NE 23RD TERRACE		2.3 STREET	ADDRESS	****BB	ຮັກກັ້	125003 ****385.00	
CI V-ST-ZIP	JENSEN BEACH FL		2. 4 CITY-					
TITLE		DELETE	3.1 TITLE	<u> </u>	1000023	**** ********************************	Change Addition	
NAME		_	3.2 NAME	}	-10/23/ 	յլՄI	Benge OBLANDING	
STREET ADDRESS			3.3 STREET	ADDRESS	******1D). UU '	*****100.UU	
CITY-ST-ZIP			3.4. CITY-	· ·				
TITLE		DELETE	4.1 TITLE				Change Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 5	T- ZiP				
TITLE 🐤		DELE1E	5.1 TITLE				Change Addition	
NAME			5.2 NAME	ŀ				
STREET ADDRESS			53 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-5	ł			0 .7	
TITLE		☐ DELETE	6.1 TrillE				Change Change	
NAME			6.2 NAME				NXn"	
STREET ADDRESS			6.3 STREET	ADDRESS			50°	
CITY. ST. 78P			64 0074 9	ì			1	

14. I do 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 of 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.