

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000004575 (6)

1. Corporation Name

AQUALIS INC.

501 C(3) Non Profit Status
\$61.25 FEE/1995

Principal Place of Business

1320 N. PALMWAY
LAKE WORTH FL 33460

Mailing Address

1320 N. PALMWAY
LAKE WORTH FL 33460

APPROVED
AND
FILED

95 JUL 14 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/18/95--01105--010

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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

11-2798348

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PAROLA, MICHAEL
1320 N. PALMWAY
LAKE WORTH FL 33460

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 607.1508, 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

Michael Parola

Signature, typed or printed name of registered agent and state applicable.

(NOTE: Registered Agent signature required when reappointing)

5/22/95

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P - D

PAROLA, MICHAEL

1323 N. LAKESIDE DR.

LAKE WORTH FL 33460

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C - D

BRODY, MARTIN

23 TRAYMORE ST.

CAMBRIDGE MA 02140

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VC - D

EMERY, MARGOT

1323 N. LAKESIDE DR.

LAKE WORTH FL 33460

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D - D

MERRYMAN, MARJORIE

30 FAIRMONT ST

BELMONT MA 02178

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(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:

Michael Parola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/95 407 582 3841

DATE

DAYTIME PHONE