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Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F94000004575 (6)

1. Corporation Name
AEQUALIS INC.

Principal Place of Business	Mailing Address
1320 N. PALMWAY LAKE WORTH FL 33460	1320 N. PALMWAY LAKE WORTH FL 33460

3. Date Incorporated or Qualified: 09/02/1994

4. FEI Number: 11-2798348 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Michael Parola Michael Parola 5/25/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PAROLA, MICHAEL		1.2 NAME	
STREET ADDRESS	1323 N. LAKESIDE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460		1.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRODY, MARTIN		2.2 NAME	
STREET ADDRESS	23 TRAYMORE ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02140		2.4 CITY-ST-ZIP	
TITLE	VCD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EMERY, MARGOT		3.2 NAME	
STREET ADDRESS	1323 N. LAKESIDE DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MERRYMAN, MARJORIE		4.2 NAME	
STREET ADDRESS	30 FAIRMONT ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	BELMONT MA 02178		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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 empowered to execute this report as required by Chapter 617, 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 Michael Parola 5/25/98