FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

3801 KENNETT PIKE A102 GREENVILLE CENTER

DOCUMENT # 846251

3801 KENNETT PIKE A102 GREENVILLE CENTER

AQUARIUS WATERAGE ENTERPRISES, LIMITED (INCORPOR ATED)

P.O. BOX 4420 WILMINGTON DE 19807 P.O. BOX 4420 WILMINGTON DE 19807			9807			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
	1.00					06/16/1980		
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26				51-0252289	Not Applica	
Suite Ap	ot. #. etc.	Suite, Apt, #, etc.					\$8.75 Additional	
22		27				5. Certifcate of Status Desired	Fee Required	
City & St	ate	City & State				6 Clarking Committee Cinemator	<u></u>	
23		28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country		Zip Country		 			
		⊢ '		i iu y		8. This corporation owes the current year I	ntangible ☐Yes ☐No	
24	25 25 Comment	29	30			Personal Property Tax.		
ļ	9. Name and Address of Curre	nt Registered Agent		81		10. Name and Address of New Registere	d Agent	
.	AND MINIS			וןיסן	Name			
الال الذه الألا	LANY, JOHN H.	es impropres	75	82 5	Street Addr	ess (P.O. Box Number is Not Acceptable)	<u> </u>	
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*****F0	RT LAUDERDALE FL 33316			83	==	10000000000000000000000000000000000000		
}				84 (City	<u> </u>	85 Zip Code	
		*		~	City	F	L 85 Zip Code	
SIGNATURE	am familiar with, and accept the obligated and familiar with, and accept the obligated and accept the obligated age. Signature, typed or printed name of registered age.	,			anature requirer	d when reinstating) DATE		
12.		ND DIRECTORS	13.	- Gom an	grature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TI	1.F			☐ Change ☐ Add	
NAME	,	_	12 NA					
	EDMONDS, ANDREW W.							
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CITY-ST-ZIP	VERO BEACH FL			Y-ST-ZI	'JP			
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CITY-ST-ZIP	***************************************		TY-ST-Z	ZIP				
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CITY-ST-ZIP	316 CPC 4	•	■ 4.4 Cf1	Y-ST-Z1	IP I			

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

51 TITLE

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Missel Miller et Mil

500 66660 100 4人

观点) 医沙拉马

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth C. Martin

☐ DELETE

DELETE

January 6, 1999
Date Daytime Pho

Daytime Phone #

Change

Change

Addition

Addition

⊒*HNE

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90046 006 ***150.00

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