

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **486195** (1)

1. Corporation Name  
**AQUALIFE RESEARCH CORP.**



Principal Place of Business: **700 SW 34TH STREET FT. LAUDERDALE FL 33315**  
Mailing Address: **700 SW 34TH STREET FT. LAUDERDALE FL 33315**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/30/1975</b>	3a. Date of Last Report <b>03/21/1995</b>
21		26		4. FEI Number <b>59-1625103</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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: \_\_\_\_\_ (NOTE: Registered Agent signature required when filing this)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>ABPLANALP, ROBERT</b>			1.2 NAME	<b>Andrew Welch</b>		
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>			1.3 STREET ADDRESS	<b>533 NE 11 AVE</b>		
CITY-ST-ZIP	<b>YONKERS NY</b>			1.4 CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33301</b>		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>ABPLANALP, John P.</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ABPLANALP, JOHN</b>			2.2 NAME			
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>YONKERS NY</b>			2.4 CITY-ST-ZIP			
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>GRIFFIN, WILLIAM E.</b>			3.2 NAME			
STREET ADDRESS	<b>51 PONDFIELD ROAD</b>			3.3 STREET ADDRESS	<b>700 Nepperhan Avenue</b>		
CITY-ST-ZIP	<b>BRONXVILLE NY</b>			3.4 CITY-ST-ZIP	<b>Yonkers, NY 10703</b>		
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ABPLANALP, ROBERT</b>			4.2 NAME			
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>YONKERS NY 10703</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ABPLANALP, MARIE A</b>			5.2 NAME	<b>Holcombe, Marie A.</b>		
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>YONKERS NY 10703</b>			5.4 CITY-ST-ZIP			
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>WAUGH, GODFREY</b>			6.2 NAME			
STREET ADDRESS	<b>700 NEPPERHAN AVENUE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>YONKERS NY 10703</b>			6.4 CITY-ST-ZIP			

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 119.07(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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/6/96** 454-359-1407  
Daytime Phone #

CR2E034 (12/95)