

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

APPROVED
AND
FILED

95 MAY -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **563286** (4)
1. Corporation Name
AQUA-SHIELD CORP.

Principal Place of Business Mailing Address
2012 HARDING STREET **2012 HARDING ST**
HOLLYWOOD FL 33020 **HOLLYWOOD FL 33020**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/20/1978** 3a. Date of Last Report **04/14/1994**
4. FEI Number **50-1806961** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
SMITH, ROBERT, III
1224 TAYLOR ST
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2012 HARDING STREET**
84 City **Hollywood** FL 85 Zip Code **33020**

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 agent 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 _____ Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD
NAME **SMITH, ROBERT III**
STREET ADDRESS **1224 TAYLOR STREET**
CITY - ST - ZIP **HOLLYWOOD FL**
TITLE S
NAME **SMITH, MARTHA B.**
STREET ADDRESS **535 VIA BELLA**
CITY - ST - ZIP **CORNEGIERS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1 TITLE Change Addition
1 2 NAME
1 3 STREET ADDRESS **2012 HARDING STREET**
1 4 CITY - ST - ZIP **Hollywood FL 33020**
2 1 TITLE **S** Change Addition
2 2 NAME ~~Robert H. Smith~~
2 3 STREET ADDRESS **2012 HARDING ST**
2 4 CITY - ST - ZIP **Hollywood FL 33020**
3 1 TITLE Change Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP
4 1 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP
5 1 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP
6 1 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or biennial 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: **Robert H. Smith** 4/28/95 923-6475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #