

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 10:03

DOCUMENT # 581230 (0)

1. Corporation Name
AQUATIC ECO-SYSTEMS, INC.

Principal Place of Business Mailing Address
**2056 APOPKA BLVD.
P O BOX 1446
APOPKA FL 32703** **2056 APOPKA BLVD.
P O BOX 1446
APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report
08/04/1978 **05/01/1994**

4. FEI Number Applied For / Not Applicable
59-1907012

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1767 Benbow Ct.** 26 **P.O. Box 1446**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
City & State City & State
23 **Apopka FL** 28 **Apopka FL**
Zip Country Zip Country
24 **32703** 25 **USA** 29 **32703** 30 **USA**

9. Name and Address of Current Registered Agent
**HEIDEMAN, ROBERT CHARLES
6223 LINNEAL BEACH DR.
APOPKA FL 32703**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
6043 Linneal Beach Dr.
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 Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD
NAME	HOFFINGER, MARTIN
STREET ADDRESS	2239 EMBASSY DRIVE
CITY-ST-ZIP	W PALM BEACH FL
TITLE	SD
NAME	HOFFINGER, C LORRAINE
STREET ADDRESS	2239 EMBASSY DRIVE
CITY-ST-ZIP	W PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Heideman, Robert
13 STREET ADDRESS	6043 Linneal Beach Dr.
14 CITY-ST-ZIP	Apopka, FL 32703
21 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	McNeal, Rose
23 STREET ADDRESS	2028 Adams Ridge Rd.
24 CITY-ST-ZIP	Apopka FL 32703
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(4), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Rose McNeal* **Rose McNeal** **3/30/95** **407/886-3939**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number