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

PROFIT CORPORATION 3 ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 587083

AQUATICS AND PETS, INC.

	• • • •							
Principal Place of Business Mailing Address					- 1 1981 O 1001 yezh 10013 Bolot Yezen ivit diouz evezt alon gron aron aron aron aron aron 1401			
6619 SIMMON		6619 SIMMONS LOOP						
RIVERVIEW: FL	33369	RIVERVIEW FL+03569			DO NOT WRITE IN TH	IS SPACE	• • • • •	
					3. Date Incorporated or Qualifed			
					09/20/1978			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21	·	26			59-1855661	N	ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		<del></del> -	5. Certificate of Status Desired	\$8.75	Additional	
22	<u> </u>	27			5. Octimizate of Olding Desired	Fee R	equired	
City & Stat	t <b>e</b>	City & State			6. Election Campaign Financing		May Be	
Zip	Country	28	Country		Trust Fund Contribution		to Fees	
24	25	29 30	,ourid y		This corporation owes the current year I Personal Property Tax.	Intangible ☐ Yes	□No	
24]	9. Name and Address of Currer		$\overline{}$		10. Name and Address of New Registere			
	g. Mario dila Mariosa di Galla	- I Leading and Lideling	81	Name	10, Andrew Wild Produces of their Registero			
PET	ERSON, WALLACE							
6619 SIMMONS LOOP			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		4	
RIVE	ERVIEW FL 33569		83					
			84	City	- <u> ) (2.11)                                   </u>	85 Zip	Code	
100 C. 215 . 104.	n topo				oration submits this statement for the purpose	<u>L</u>		
agent. I a	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Registe			d when reinstating)			
12.			3.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP	☐ DELETE 1.1	1 TITLE			Change	Addition	
NAME	PETERSON, WALLACE	1.2	2 NAME					
STREET ADDRESS	6619 SIMMONS LOOP	1.3	3 STREET	ADDRESS				
CITY-ST-ZIP	RIVERVIEW, FL 00000		4 CITY+S1	T-ZIP			= 1	
TITLE	VD		1 TITLE		A Company of the Comp	Change	- Addition	
NAME .	PETERSON, LINDA		2 NAME		•			
STREET ADDRESS	6619 SIMMONS LOOP	2.3	3 STREET	ADDRESS				
CITY-ST-ZIP	RIVERVIEW, FL 00000		4 CiTY-S	T-ZIP			<b></b>	
TITLE	ESSOR STRATE		1 TITLE			☐ Change	☐ Addition	
NAME	San		2 NAME					
STREET ADDRESS	BVS & AL STOR			ADDRESS		. , , .	3. 人名德	
CITY-ST-ZIP	<del> </del>		4. CITY-S	T-ZIP			A A A A A A A A A A A A A A A A A A A	
TITLE	,		1 TITLE			Change	Addition	
NAME 120 State 1 St	47.0		2 NAME	]				
STREET ADDRESS		i i		ADDRESS				
CITY-ST-ZIP	•		4 CITY-ST	-ZIP		☐ Change	Addition	
TITLE			1 TITLE 2 NAME			□ cusuide		
NAME STREET - 1 2 2 2 2 2 2		J		ADODESO				
STREET ADDRESS	l pe			ADORESS				
CITY-ST-ZIP	EXECUTED STORY		CITY-ST	-414		☐ Change	☐ Addition	
TITLE	64 9 Co. S. J. S.		NAME		•	☐ Alaufis		
NAME STREET ADDRESS	BYSWA A SEN	ſ		ADDRESS			!	
STREET ADDRESS		0.3		rwoness (				

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 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 01-22-1999 90047 005 \*\*\*150.00