

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 596866 (4)

1. Corporation Name
AQUARINA DEVELOPMENTS, INC.

Principal Place of Business
**235 HAMMOCK SHORE DR
MELBOURNE BCH. FL 32951**

Mailing Address
**235 HAMMOCK SHORE DR
MELBOURNE BCH. FL 32951**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **12/11/1978** 3a. Date of Last Report **04/14/1994**

4. FEI Number **59-1688587** Applied For Not Applicable

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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

**PEEPLES, JAMES W., III
505 N. ORLANDO AVE.
COCOA BCH. FL 32931**

10. Name and Address of New Registered Agent

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 registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SV	1.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEEPLES, JAMES W., III	1.2 NAME	
STREET ADDRESS	505 N. ORLANDO AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCOA BCH. FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON STEGOW, CHRISTIAN DR.	2.2 NAME	DELETE
STREET ADDRESS	235 HAMMOCK SHORE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	2.4 CITY - ST - ZIP	
TITLE	DPT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERWIRTH, JUERGIN	3.2 NAME	
STREET ADDRESS	235 HAMMOCK SHORE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BCH. FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, JAMES H	4.2 NAME	
STREET ADDRESS	235 HAMMOCK SHORE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 checked, or on an attachment with an address.

SIGNATURE: _____ **J. von Stegow** v. President **4/2/95** **407-773-2522**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (1.1) Name Here