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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 05 1997 8:00am
Secretary of State

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 32951-3941**

3. Date Incorporated or Qualified
12/11/1978

3a. Date of Last Report
04/16/1996

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

10. Name and Address of New Registered Agent

**BEALS, ROBERT L
1800 WEST HIBISCUS BOULEVARD
SUITE 138
MELBOURNE FL 32901**

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☒ DELETE
NAME **PEEPLES, JAMES W., III**
STREET ADDRESS **505 N. ORLANDO AVE.**
CITY- ST- ZIP **COCOA BCH. FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **DPT** ☐ DELETE
NAME **LIEBERWIRTH, JUERGIN**
STREET ADDRESS **235 HAMMOCK SHORE DR**
CITY- ST- ZIP **MELBOURNE BCH. FL**

2.1 TITLE **DPTS** ☒ Change ☐ Addition
2.2 NAME **LIEBERWIRTH, JUERGIN**
2.3 STREET ADDRESS **235 HAMMOCK SHORE DR.**
2.4 CITY- ST- ZIP **Melbourne, FL. 32951**

TITLE **V** ☐ DELETE
NAME **BATES, JAMES H**
STREET ADDRESS **235 HAMMOCK SHORE DR**
CITY- ST- ZIP **MELBOURNE BEACH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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

4/9/97

407-723-2522

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