

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

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 659891 (6)
 1. Corporation Name
FLORIDA AQUASTORE SALES, INC.

Principal Place of Business 2650 N. MILITARY TRAIL SUITE 130 BOCA RATON FL 33431	Mailing Address 2650 N. MILITARY TRAIL SUITE 130 BOCA RATON FL 33431-6346
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2. Principal Place of Business 21 4722 NW Boca Raton Blvd. Suite, Apt. #, etc. 22 Suite C-102 City & State 23 Boca Raton, FL Zip 24 33431 Country 25 USA		2a. Mailing Address 26 4722 NW Boca Raton Blvd. Suite, Apt. #, etc. 27 Suite C-102 City & State 28 Boca Raton, FL Zip 29 33431 Country 30 USA		3. Date Incorporated or Qualified 03/20/1980	3a. Date of Last Report 03/07/1996
				4. FEI Number 58-1976754	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WHELCHER, JOHN D. 20890 HAMACA CT. BOCA RATON FL 33431		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2830 Banyan Blvd. Circle NW 83 84 City Boca Raton, FL 85 Zip Code 33431	
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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, in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *John W. Welcher* **JOHN WHELCHER** 3/20/97
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS/DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELCHER, JOHN D.	1.2 NAME	
STREET ADDRESS	2650 N MILITARY TRAIL SUITE 130	1.3 STREET ADDRESS	4722 NW Boca Raton Blvd., Suite C-102
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JOHN L.	2.2 NAME	
STREET ADDRESS	2650 N MILITARY TRAIL, #130	2.3 STREET ADDRESS	4722 NW Boca Raton Blvd., Suite C-102
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *John W. Welcher* 3/20/97 561-994-2400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)