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

NAME

STREET ADDRESS

**FILED** Mar 25 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (6)659891 FLORIDA AQUASTORE SALES, INC. Principal Place of Business Mailing Address 4722 N.W. BOCA RATON BLVD. 4722 N.W. BOCA RATON BLVD. STE. C-102 STE. C-102 **BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33431** US 3. Date Incorporated or Qualified 03/20/1980 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1976754 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Z(p)8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHELCHEL, JOHN D. 2830 BANYAN BLVD. CIR. N.W. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 84 City Zip Code by 8. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered much change was authorized by the corporation's board of directors. I hereby accept the appointment as registered action 607.0505, Florida Statutes. 11. Pursuant te the pr (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.17(T) F Change Addition NAME WHELCHEL, JOHN D. 1.2 NAME 4722 N.W. BOCA RATON BLVD., STE. C-102 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Channe Addition NAME FOX, JOHN L. 22 NAME 4722 N.W. BOCA RATON BLVD., STE. C-102 STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TOTLE DELETE 61 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 CiTY-ST-ZIP 14. Thereby 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 supplimental 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 of the corporation 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 appear of the corporation of the corpo