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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F23759

Country

9. Name and Address of Current Registered Agent

25

STEVENS. WESLEY E.

(6)

AQUAMARCITE CO.

2. Principal Place of Business

City & State

SIGNATURE:

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24

Principal Place of Business	Mailing Address	1 IMMITMO LLINE INDRE HINY INCOME IN
977 NW 78TH TERR., PLANTATION, FL 33324 P O BOX 16313 PLANTATION FL 33318	977 NW 79TH TERR., PLANTATION. FL 33324 P O BOX 16313 PLANTATION FL 33318-6313	
		3. Date Incorporated or Qualified

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29

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc

FILED Apr 22 1997 8:00am Secretary of State



8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes 🔲 No

03/11/1981

59-2073773

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

02/09/1996

977 N.W. 79TH TERRACE PLANTATION FL 33324		82	Street	Address (P.O. Box Number is Not Acceptable)	
run	MINION IE 00027	83		man mand mand made on a mand made made made made made made made mad	
•		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 Structure based or provided name of treastered agent and the if applicable (NOTE: Registered Agent signature regulated when reinstating) DATE OATE					
Styruture typed or provide name of registered agent and tide if applicable (NOTE: Begistered 12. OFFICERS AND DIRECTORS 13.			nt signature	required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TIELE		TITLE		Change Addition	
NAME		2 NAME			
STREET ADDRESS	AND ALLE DATE STARTAGE		ADDRESS	}	
	DI AAPTAMONI PI			·	
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NAMé		2 NAME			
STREET ADDRESS			ADDRESS		
CITY - S1 - ZIP	l l	4 CITY-		· \	
Title		1 TITLE	<u> </u>	Change Addition	
NAME	3.	2 NAME			
STREET ADDRESS	3.	STREET	ADDRESS		
€ TY-S1-ZIP	3.	4. CITY-:	ST-ZIP		
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NAME:	5.	2 NAME			
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017Y-S1-71P		4 CITY-S	7-ZIP		
TiTLE	DELETE 6.	6.1 TITLE		Change Addition	
NAME	6.	6.2 NAME			
STREET ADDRESS	63 S		ADDRESS		
C(FY - S1 - ZIP		4 CITY - S			
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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name					

Country

Name

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