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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

AQUATIC AND RIGHT-OF-WAY CONTROL, INC.

FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					4 4081/00 1941 10801 01/00 24/16 40/08 1/4/ 07014 0/014 0/014 E483 0/017 0/6	H (
6500 NW 15TH AVENUE 6500 NW 15TH AVENUE SUITE 300 SUITE 300 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 3330			E				
			2309		DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualified		
					04/06/1982		
2. Principal Place of Business 2a.		2a. Mailing Address	Mailing Address		4. FEI Number Applie	d For	
21					59-2184004 Not Ap	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Addit		
22		27			- rea nequi		
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fi		
23 Zin			Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible		
24	├ ──┐		30	,	Personal Property Tax due June 30. Yes No		
44	9. Name and Address of Curre				10. Name and Address of New Registered Agent		
СН	ESLER, ANDREW P.			Name			
	00 NW 15TH AVE		H	32 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33309		l'	Sileei Au	raress (F.O. Dox Number is Not Acceptable)		
,			[7	33			
			<u> </u>	34 City	85 Zip Code	e .	
			[FL FL FL FL FL FL FL FL	_	
SIGNATURE	Signature, typod or printed name of registered at	pent and title if applicable (No	OTE Registered		ration's board of directors. I hereby accept the appointment as regi		
12.	OFFICERS AI	ND DIRECTORS	13.	_ 1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	l 12 Addition	
TITLE	CHESLER, ANDREW P.	☐ DELETE 1.11			Change	3 AGUIDON	
NAME	6500 NW 15TH AVENUE		1.2 NA)				
STREET ADDRESS	ET LAUDEDDALE EL		1.3 STREET ADDRESS 1.4 City-St-Zip				
CITY-ST-ZIP TITLE	TT BIODEIIDAGE TE	DELETE 21T			Change	Addition	
NAME			2.2 NA				
**************************************				EET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE	☐ DELETE		3 1 TITE		☐ Change	Addition	
NAME			3.2 NA	AE			
STREET ADDRESS			3.3 STR	EET ADDRESS			
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TITLE			4.1 TITU	E	Change	Addition	
NAME			4. 2 NA	1			
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_CITY - ST - ZIP		District		r-ST-ZIP		Addistan	
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STREET ADDRESS				EET ADDRESS			
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NAME		- Miller	6.1 HILL		Ti cisuile F	1 MODITORI	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				(+ST-ZIP			
0111-01-4F			0.4 CH	· 51 · 41"			

I 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 trustor of 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: