

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

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002805 (9)

1. Corporation Name
AQUAGENIX, INC.

Principal Place of Business
6500 N.W. 15TH AVE.
FT. LAUDERDALE FL 33309

Mailing Address
6500 N.W. 15TH AVE.
FT. LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0419263	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION INFORMATION SERVICES INC 2200 N.W. 15TH AVE FT. LAUDERDALE FL 33309		81 Name Dean D. Marotta	
		82 Street Address (P.O. Box Number is Not Acceptable) 6500 N.W. 15th Ave. Suite 300	
		83	
		84 City Ft. Lauderdale	
		85 Zip Code 33309	

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 *Dean D. Marotta* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, FREDOX	1.2 NAME	Hart, John P.
STREET ADDRESS	6500 N.W. 15TH AVE	1.3 STREET ADDRESS	6500 N.W. 15th Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	PCY <input type="checkbox"/> DELETE	2.1 TITLE	C, P, T, S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESLER, ANDREW P	2.2 NAME	Chesler, Andrew P.
STREET ADDRESS	6500 N.W. 15TH AVE.	2.3 STREET ADDRESS	6500 N.W. 15th Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	STERN, ALLEN H	3.2 NAME	
STREET ADDRESS	6500 N.W. 15TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	HELEN CHIA	4.2 NAME	
STREET ADDRESS	6500 N.W. 15TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	FISCHLER, ABRAHAM S	5.2 NAME	
STREET ADDRESS	6500 N.W. 15TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	KATZ, JEFFREY T	6.2 NAME	
STREET ADDRESS	6500 N.W. 15TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	

14. 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; that 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 P. Hart* 4/24/98 (954) 969-8000

CR2E034 (10/97)