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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of \$tate IVISION OF CORPORATIONS

| | 1997 | DIVISION OF | CORPOR | ATIONS | | | | |
|--|--|---------------------------------|---------------------------------------|---------------------------|--|----------------------------|------------------------------------|--------------|
| | MENT # F9400 0 I AQUAVENTURES, INC. | 003754 (8) | | | | eena aada sa | () ((101 0) ((10)) | LICK KARI |
| Principal Plac | a of Rusinase | Mailing Address | | | | | | |
| Principal Place of Business Malling Address 3RD FLOOR, ANDERSON SQUARE BLDG. 4625 DEERWALK AVE | | | | | | | | |
| P.O. BOX 866 | | P.O. BOX 866 | | | | | | |
| GEORGE TOW | N. GRAND CAYMAN | TAMPA FL 33624-2122 US | | | 3. Date Incorporated or Qualified | 3a Date | of Last Re | pport |
| | | ••• | | | 07/18/1994 | | /1996 | 3,7011 |
| 2. Principal Place of Business | | 2a. Mailing Address | · · · · · · · · · · · · · · · · · · · | * | 4. FEI Number | .L | · | plied For |
| 21 Sulla Ant # sta | | 26 | | | NOT APPLICABLE | | | t Applicable |
| Sulte, Apt. #, etc. | | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | | \$8.75 A | |
| City & Stat | е | City & State | · | | 6. Election Campaign Financing | | \$5.00 | <u></u> [|
| 23 | | 28 | | | Trust Fund Contribution | | Added t | |
| Zip | Country | <i>7</i> ıp | Cou | ntry | 8. This corporation has liability for i | | | 199.032, |
| 24 | [25] 9. Name and Address of Curre | 29 | [30] | | 10. Name and Address of New Re | Yes | | |
| MCC | ERMOT, GEORGE E | THE TOPICS OF A SOUR | | 81 Name | To. Name and Address of New Ne | Jistorou A | 10111 | |
| 16745 SW 87TH COURT | | | | 62 Street Add | iress (f'.O. Box Number is Not Acceptate | | | |
| | AI FL 33157 | | | SIRBUT AGG | ress (r.o. nox number is not Accepted | 10) | | |
| | | | | 83 | | | | |
| | | | | 84 City | | | 85 Zip (| Code |
| 44 D | As the precisions of Continue COZ OV | 50 3 002 1100 512-612 | 100 100 1 | | | FL_ | | [|
| office or i | registered agent, or both, in the State | of Florida, Such change was | authorized | by the corpora | poration submits this statement for the pation's board of directors. I heroby accept | urpose or c I the appol | nanging it: ntment as | registered |
| • | im familiar with, and accept the oblig | pations of, Section 607.0505, F | Florida Stat | utes. | | | | |
| SIGNATURE | Signature, typed or printed name of registered ag- | ent and tille if applicable (NC | 011 Registered | f Agent signature requi | ired when roinstating) | DATE | | |
| 12. | | ID DIHECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | | / (|
| TITLE | PSD | ∐ DELETE | 1.1 70 | 1 | | L | _ Change | Addition (|
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| 44 Lde borel | by portify that the information cumples | d with this filian does not aug | title for the | overnation state | d in Section 119 07/3Vi) Florida Statutos | Leuthore | artifu that t | 100 |

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 eath, 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.

NOVATURE (SIGN

LS SULLINE WELL TO BELL -

4-23-97 (813)962-2236

FILED

May 16 1997 8:00am

Secretary of State