**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9500001308

1. Corporation Name

## Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90092 034 \*\*\*150.00

AQUA CI	LEAN SHIPS, INC.	. ·					
Principal Place	e of Business	Mailing Address			T INDEFINE SIED JOINE BEINS OBERT DUTIE HOUR MARKE	)	NAME AND LANDS
936 PEARCE PO	*	2071 SW 70TH AVE					
BLAINE WA 98230 SUITE G8					DO NOT MORE IN THIS SPACE		
DAVIE FL 33317				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					03/20/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number 91-1389790	Apr	olied For
					NOT APPLICABLE	Not	Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	
22				,	5. Certifcate of Status Desired	Fee Red	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip	Country	/	8. This corporation owes the current year Intang		
24	25		30	o <del>-</del>	r cradital r reporty rate		□No
	9. Name and Address of Current	Registered Agent	81	1 1 1	10. Name and Address of New Registered Ag	ent	
DADI	ENE NEI CON OLIDUANT. CDA		61	Name	<u></u>		
DARLENE NELSON-OLIPHANT; CPA			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
2071; SW 70 AVE. SUITE G8  DAVIE FL 33317			83				
DAN	E1E30017		"	1	·		
	·		84	City	FL	85 Zip C	ode
11 Purcuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s, the abov	e-named corp		anging its i	registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was au	thorized by	the corporation	poration submits this statement for the purpose of chains board of directors. I hereby accept the appointment	nent as reg	jistered
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0505, Flori	ua Statutet	э.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	ent signature require	ed when reinstating) DATE		
12.							
	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	C OFFICERS AND	DIRECTORS DELETE	1.1 TITLE			DIRECTO	RS IN 12
TITLE NAME							
	C PRICE, ALAN G 2319 COMMISSIONER STREET		1.1 TITLE 1.2 NAME	T ADDRESS			
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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 or the receiver the 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP