SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 15 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005643 (0)**

1. Corporation Name
AGUA CLARA REALTY CORPORATION

REINSTATEMENT OK

Principal Place of Business	Mailing Address
5 GIRALDA FARMS MADISON NJ 07940	5 GIRALDA FARMS MADISON NJ 07940

3. Date Incorporated or Qualified: **11/17/1995** 3a. Date [redacted]

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **22-3279974**	☐ Applied For ☐ Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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: Carol Glospie Carol Glospie, Asst. Vice President 11/7/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STAFFORD, JOHN R		1.2 NAME	
STREET ADDRESS	5 GIRALDA FARMS		1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ 07940		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLOUNT, ROBERT G		2.2 NAME	900002009909--0
STREET ADDRESS	5 GIRALDA FARMS		2.3 STREET ADDRESS	-11/20/96--01073--025
CITY-ST-ZIP	MADISON NJ 07940		2.4 CITY-ST-ZIP	****375.00 ****375.00
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOYNES, LOUIS L JR		3.2 NAME	
STREET ADDRESS	5 GIRALDA FARMS		3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ 07940		3.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NEE, THOMAS M		4.2 NAME	
STREET ADDRESS	5 GIRALDA FARMS		4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ 07940		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CONSIDINE, JOHN R		5.2 NAME	
STREET ADDRESS	5 GIRALDA FARMS		5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ 07940		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EMERLING, CAROL G		6.2 NAME	
STREET ADDRESS	5 GIRALDA FARMS		6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ 07940		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [redacted] **T. M. NEE VICE PRESIDENT** 9/25/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

YH-18-96