

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

FILED

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(1)

**DOCUMENT # F96000005336 (0)**  
1. Corporation Name  
**AQUA VIVA SYSTEMS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: **10933 DUNCAN STREET SEMINOLE FL 33772**  
Mailing Address: **10933 DUNCAN STREET SEMINOLE FL 33772**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/14/1996	
22		27		4. FEI Number	Applied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		<del>91-1402524</del> 59-3388714	Not Applicable
23		28		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24		29		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
Zip		Zip		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FISHMAN, STEVEN M</b> <b>2725 PARK DRIVE, STE 3</b> <b>CLEARWATER FL 34623</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				85	Zip Code		
					FL		

I am familiar with, and accept the obligations 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FIALA, ZDENA		1.2 NAME				
STREET ADDRESS	10933 DUNCAN STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP				
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FIALA, ROSA		2.2 NAME				
STREET ADDRESS	10933 DUNCAN STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	SEMINOLE FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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8-15-97

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 8/15/97

CF2E034 (4/97)

**AQUA VIVA SYSTEMS INC.  
P.O. B ox 3546  
Seminole, FL. 33775  
USA**

**August 9, 1997**

②

**Tel. No. 813-3974390  
Fax No. 813-397-4390**

**Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL. 32302-1500**

**Dear Sir,**

**As per our telephone conversation find check for total of \$165.00 for annual report and Corporation supplemental fee. As I mentioned we have never received first notice. We move to Florida from Washington state and do not have complete knowledge of local state laws. In Washington state all such correspondence was made through our registrant agent in this case Fishman Steven.**

**Also our date of incorporation is 10/14/96 and we where under assumption that annual fees are paid through our anniversary date. That was reason for not investigation this mater further on from our site. Also, our new FEI no. is 59-3388714.**

**Our mailing address is as stated above  
Aqua Viva Systems Inc.  
P.O. Box 3546  
Seminole FL. 33775**

**Furthermore, please let us know what time of year you sending out the yearly Profit Corporation Annual Report Packet, so we can be on look out for it for 1998.**

**Thank you for your understanding and cooperation in this mater.**

**Sincerely,**

**Zdeno Fiala  
President.**

