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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G91110

(8)

AQUA SHOP, INC.

FILED Apr 22 1998 8:00am Secretary of State



Driver of Div	- A D	Literatura Audelana					
Principal Place of Business Mailing Address							
505 NORTHLAKE BLVD. 505 NORTHLAKE BLVD. NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 3					1		
MONTH PALM DENOTI PL 30400		NORTH PALM BEACH FL 33408			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					03/13/1984		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2393863	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional	
27					5. Certificate of Status Desired	Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
28		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes or has paid the cu	rrent year Intangible	
24	25	29	30			Yes No	
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
CC	LLINS, FRANCIS BARTOW		81	Name	COLLINS, JAMET R.		
505 NORTHLAKE BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)			
N. PALM BEACH FL 33408			02		NORTHCAKE BCVD		
			83				
			<u> </u>	ļ			
			84	City 🔨	PALM BEACH FL	85 Zip Code 33 40 8	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Sta	atules, the abov	e-named co	prporation submits this statement for the purpose of	changing its registered	
l office or r	egi ste red agent, or both, in the Stat	e of Florida. Such charige wa	as authorized b	v the corpor	ration's board of directors. I hereby accept the ap-	pointment as registered	
agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Aut T. Collins 4-13-98							
SIGNATURE	Signature, typed or printed name of registered as	per and trip of applicable	NOTE Henistered An	ent signature rec	quired when reinstating) DATE	3-78	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	PTD	DELETE	1.1 TITLE			Change Addition	
NAME	COLLINS, FRANCIS BARTON		1.2 NAME		CALLIAS JAMET R.		
STREET ADDRESS	427 CRESCENT CIRCLE			ADDRESS	427 CRISCIAT CIR.		
CITY-ST-ZIP	LAKE PARK FL		1.4 CITY-5	T - 710	COLLINS, JANET R. 427 CRESCEAT CIR. LAKE PARK, 76 3340	3	
TITLE		DELETE	2.1 TITLE	11-211	THE THE TOTAL	Change Addition	
NAME		—	2.2 NAME	1			
STREET ADDRESS			2.3 STREET	ADDDECC			
				· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - 3.1 TITLE	SI-ZIP		Change Addition	
NAME		L. DELETE	3.2 NAME			ET STORING	
				1000000			
STREET ADDRESS			3.3 STREET	1			
CITY+ST-ZIP		DELETE	3.4. CITY -	SI-ZIP		Change Addition	
TITLE		L DECEIE	4.1 TITLE	{		Change Addition	
NAME			4. 2 NAME	-			
STREET ADDRESS			4 3 STREET			İ	
CITY-ST-ZIP			4.4 C(TY-5	ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS	·	1	
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP			
TITLE	-	☐ DÉLETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS		Į	
			6.4 City-5				

14. Thereby 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.

CIGNATURE.

Supp (

4-12-08

CT.1-8U8-9042