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

FLORIDA DEPARTMENT OF STATE

PROFIT

May 21 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (8)H45679 AQUALOGICS, INC. Principal Place of Business Mailing Address 100 SE 11TH ST. 100 SE 11TH ST. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1985 2. Principal Place of Husiness 2a. Mailing Address Applied For 21 59-2589477 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes ΠNo 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FERNANDES, JOHN GLATUS HARRY 100 **SE** 11TH ST. **B2** Street Address (P POMPANO BEACH FL 33060 В3 City 84 BEACH Zip Code 3 3066 omPANO 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. Lam familiar with and accept the obligations of accept the obligation of accept the obligations of accept the obligation of accept the o SIGNATURE gistered Agent signature required when reinstating) FICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE EXECUTOR Change 1.1 DILE FERNANDES, JOHN HARRY BLATUS NAME 12 NAME 100 SE 11 ST 100 SE 11TH ST. STREET ADDRESS 1.3 STREET ADDRESS Fl 33068 PomPont POMPANO BEACH FL CITY-ST-ZIP 14 City-St-ZiP Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 7111.6 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE ___ Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS City - ST - ZIP 6.4 CHY-S1-7IP 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 suppliemental 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 13 if changed, or or an attachment with an address

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