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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H82518** **(2)**

1. Corporation Name

AQUATIC SYSTEM MANAGEMENT, INC.

Principal Place of Business	Mailing Address
648 STANHOPE DRIVE CASSELBERRY FL 32707	648 STANHOPE DRIVE CASSELBERRY FL 32707

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, & State 23	City, & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **10/25/1985**

3a. Date of Last Report: **01/30/1995**

4. FEI Number: **59-2598501** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OSBORNE, JOHN A
648 STANHOPE DR
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

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: John A. Osborne JOHN A. OSBORNE 1/18/96
(Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, JOHN A. 2826 TECH DR ORLANDO FL ☐ DELETE	1 TITLE 1-2 NAME 1-3 STREET ADDRESS 1-4 CITY-ST-ZIP	PD OSBORNE, JOHN A. 648 STANHOPE DRIVE Casselberry, FL 32707 ☒ Change ☐ Addition
2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	2 TITLE 2-2 NAME 2-3 STREET ADDRESS 2-4 CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3 TITLE 3-2 NAME 3-3 STREET ADDRESS 3-4 CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4 TITLE 4-2 NAME 4-3 STREET ADDRESS 4-4 CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5 TITLE 5-2 NAME 5-3 STREET ADDRESS 5-4 CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6 TITLE 6-2 NAME 6-3 STREET ADDRESS 6-4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: John A. Osborne 1/18/96 407 732-9075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
JOHN A. OSBORNE