

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90106 029 ***150.00

0108813

DOCUMENT # H90895

1. Corporation Name
THE AQUEON CORPORATION

Principal Place of Business

~~115 HICKORY ST~~
~~SUITE 205~~
~~WEST MELBOURNE FL 32904~~
US

Mailing Address

~~115 HICKORY ST~~
~~SUITE 205~~
~~WEST MELBOURNE FL 32904~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1985

4. FEI Number

59-2618207

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 4451 ENTERPRISE COURT

Suite, Apt. #, etc.

22 N

City & State

23 MELBOURNE, FL

Zip

24 32934

Country

25 U.S.

2a. Mailing Address

26 4451 ENTERPRISE COURT

Suite, Apt. #, etc.

27 N

City & State

28 MELBOURNE, FL

Zip

29 32934

Country

30 U.S.

9. Name and Address of Current Registered Agent

THALLER, WILLIAM A.

~~115 HICKORY ST #205~~
~~MELBOURNE FL 32904~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4451 ENTERPRISE COURT

83 UNIT N

84 City MELBOURNE

FL

85 Zip Code
32934

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~VSD~~ ☐ DELETE

NAME THALLER, WILLIAM A.

STREET ADDRESS ~~115 HICKORY ST #205~~

CITY-ST-ZIP ~~MELBOURNE FL~~

TITLE PTD ☒ DELETE

NAME DENICOLA, JOHN J

STREET ADDRESS 3432 HEARTWOOD LANE

CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☒ Change ☐ Addition

1.2 NAME THALLER, WILLIAM A.

1.3 STREET ADDRESS 4451 ENTERPRISE COURT, UNIT N

1.4 CITY-ST-ZIP MELBOURNE, FL 32934

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

WILLIAM A. THALLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

407-242-8820

Daytime Phone #

CR2E034 (11/98)