

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J00342

(2)

1. Corporation Name

AQUA/AGRI ENERGY CORPORATION



Principal Place of Business

513 US HWY ONE
201-202
NORTH PALM BEACH FL 33408
US

Mailing Address

625 RIVERSIDE RD
NORTH PALM BEACH FL 33408-3726
US

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

ROTHSTEIN, ARNOLD J.
625 RIVERSIDE ROAD
NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified
02/21/1986

3a. Date of Last Report
01/17/1995

4. FEI Number

59-2660046

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

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 607.0702 and 607.1504, 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 607.0606, Florida Statutes.

SIGNATURE

Signature of the registered agent or the corporation

Signature of the registered agent or the corporation

DATE

12. OFFICERS AND DIRECTORS

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12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME 12.2 STREET ADDRESS 12.3 CITY, ST, ZIP	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP
12.4 NAME 12.5 STREET ADDRESS 12.6 CITY, ST, ZIP	13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, ST, ZIP
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12.25 NAME 12.26 STREET ADDRESS 12.27 CITY, ST, ZIP	13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY, ST, ZIP
12.28 NAME 12.29 STREET ADDRESS 12.30 CITY, ST, ZIP	13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY, ST, ZIP
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12.61 NAME 12.62 STREET ADDRESS 12.63 CITY, ST, ZIP	13.81 TITLE 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY, ST, ZIP
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12.73 NAME 12.74 STREET ADDRESS 12.75 CITY, ST, ZIP	13.97 TITLE 13.98 NAME 13.99 STREET ADDRESS 14.00 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 96 4-7848 4914

CR2E034 (12/95)