

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J51292 (7)**

1. Corporation Name

AQUA INVESTMENT COMPANY OF PALM COAST



Principal Place of Business

13 UTILITY DRIVE
P.O. BOX 350814
PALM COAST FL 32135-7814

Mailing Address

13 UTILITY DRIVE
P.O. BOX 350814
PALM COAST FL 32135-7814

3. Date Incorporated or Qualified 01/12/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2857411	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business

State, Apt. #, etc.

City & State

Zip

County

2a. Mailing Address

State, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**AMARAL, ANTONIO
13 UTILITY DRIVE
PALM COAST FL 32137**

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 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

Signature of the registered agent or the person appointed as registered agent

Signature of the registered agent or the person appointed as registered agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARAL, ANTONIO	1.2 NAME	
STREET ADDRESS	2 CENTER PLACE	1.3 STREET ADDRESS	
CITY-STATE	PALM COAST FL	1.4 CITY-STATE-ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARAL, MARIA	2.2 NAME	
STREET ADDRESS	2 CENTER PLACE	2.3 STREET ADDRESS	
CITY-STATE	PALM COAST FL	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMARAL, DAVID	3.2 NAME	
STREET ADDRESS	2 CENTER PLACE	3.3 STREET ADDRESS	
CITY-STATE	PALM COAST FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE		6.4 CITY-STATE-ZIP	

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)(k), Florida Statutes. I further certify that the information included 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, and if an attorney, both an address.

SIGNATURE: *Maria Amaral* **MARIA AMARAL** 0/9/96 (904) 445-9393

CR2E034 (12/95)