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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K29947

BOARDROOM AQUATICS, INC.

% RICHARD JAMES WINDELER 12795 KENWOOD LANE 12795 KENWOOD LANE SUITE 4-A DO NOT WRITE IN THIS SPACE FT MYERS FL 33907 FT MYERS FL 33907 3. Date Incorporated or Qualifed US 08/0<u>1/19</u>88 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0063073 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible Zip Country Zip Country ☐ Yes ⊠No Personal Property Tax. 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WINDELER, RICHARD JAMES Street Address (P.O. Box Number is Not Acceptable) 82 12795 KENWOOD LANE SUITE 4-A 83 FT MYERS FL 33907 Zip Code 85 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME WINDELER, RICHARD JAMES NAME 12795 KENWOOD LANE, SUITE 4-A 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP FT MYERS FL CITY-ST-ZIF DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ D€LETE 3,1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZiP ☐ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

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)(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 chair with all other like empowered

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

TITLE

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

Addition

☐ Addition

☐ Change

☐ Change

FILED Mar 10, 1999 8:00 am

Secretary of State

03-10-1999 90068 032 ***150.00