FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K53154** **(6)**

1. Corporate Name
CASCADE FOUNTAINS, INC.

Principal Place of Business
1717 SW 1ST WAY
STE. 32
DEERFIELD BCH. FL 33441
US

Mailing Address
1717 SW 1ST WAY
#32
DEERFIELD BCH. FL 33441
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): **12/22/1988**
3a. Date of Last Report: **08/12/1994**

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 — 24 Country — 25 Zip — 29 Country — 30

4. FEI Number: **59-2937508** ☐ 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 elected to be taxed under Subchapter S of the I.R.C. Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
JOHNSON, RICHARD W.
1717 SW 1ST WAY
#32
DEERFIELD BCH. FL 33441

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 Section 607.0501 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(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95
TITLE D NAME JOHNSON, RICHARD W. STREET ADDRESS 1717 SW 1ST WAY, #32 CITY, ST, ZIP DEERFIELD BCH. FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP
TITLE D NAME JOHNSON, ANNMARIE G. STREET ADDRESS 1717 SW 1ST WAY, #32 CITY, ST, ZIP DEERFIELD BCH. FL	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing, including any requested amendment or change, is true and accurate and that my signature shall constitute the same legal effect as if made under oath that I am an officer or director of the corporation or the successor of a foreign corporation authorized to transact business in Florida pursuant to Section 607.0193, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on any attached sheet with an address.

SIGNATURE: 5/1/95 (305) 422-5678

SIGNATURE(S) TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0107673 CP