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 MAR 10 PM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K91538 (4)

1. Corporation Name
AQUAPERFECT, INC.

Principal Place of Business	Mailing Address
5801 HALLANDALE BEACH BLVD HOLLYWOOD FL 33023	5801 HALLANDALE BEACH BLVD HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1989
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21: 7889 PINES BLVD
22: Suite, Apt. #, etc.
23: City & State: PEMBROKE PINES, FL
24: Zip: 33024
25: Country: BROWARD

2a. Mailing Address
26: 7889 PINES BLVD
27: Suite, Apt. #, etc.
28: City & State: PEMBROKE PINES FL
29: Zip: 33024
30: Country: BROWARD

4. FEI Number: 65-0122816 ☐ 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

9. Name and Address of Current Registered Agent

ROSENBERG, NORMAN
4115 SW 111 LN
DAVIE FL 33328

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 607.0502 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: Norman Rosenberg NORMAN ROSENBERG, PRES. 3/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSENBERG, NORMAN	1.2 NAME		
STREET ADDRESS	4115 SW 111 LN	1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	ROSENBERG, BEVERLY	2.2 NAME		
STREET ADDRESS	4115 SW 111 LN	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 33328	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	ROSENBERG, GREGG	3.2 NAME		
STREET ADDRESS	5810 S.W. 87 WAY	3.3. STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33328	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	ROSENBERG, MARC J.	4.2 NAME		
STREET ADDRESS	3915 LYMESTONE DR.	4.3 STREET ADDRESS	4000 SW 108 TERR	
CITY-ST-ZIP	COOPER CITY FC	4.4 CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-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)(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 changed, or on an attachment with an address.

SIGNATURE: Beverly Rosenberg BEVERLY ROSENBERG 3/4/95 305-587-4833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006874 CP