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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO8772

(0)

AQUA SYSTEMS INTERNATIONAL, INC.

FILED Mar 11 1998 8:00am Secretary of State

| Principal Place of Business | Mailing Address | | | |
|---|---|--------------------------------|--|---|
| j ' | - | | | |
| 710 \$ HOWARD AVE TAMPA FL 33606 US | 710 S HOWARD AVE TAMPA FL 33606 US | | DO NOT WRITE IN TH | IS SPACE |
| 65 | 00 | | 3. Date Incorporated or Qualified | |
| | | | 08/14/1989 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | 26 1411 P. Wes | rshore 1310 | 59-2975466 | Not Applicable |
| Suite, Apt. 1, etc. 1 22 Suite 211 | Suite, Apt. #, etc. | 1 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | \ 1 | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Tanpa Florida | | -lorida | Trust Fund Contribution | Added to Fees |
| Zip Country | 7m ' ' | Country | 8. This corporation owes or has paid the o | |
| 24 3360'7 25 USA | | wsA | Personal Property Tax due June 30. | Yes No |
| 9. Name and Address of Current | Registered Agent | 81 Neme | 10. Name and Address of New Registere | a Agent |
| REIBER, SAM I. | | | ber Sam 1. | |
| 601 E TWIGGS ST STE 200 | | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | `\ 2~^ |
| TAMPA FL 33602-0920 | | 83 | E. Twiggs Street, S | wite 200 |
| | | 84 City | ampa Florida F | L 85 Zip Code 33607 |
| 11. Pursuant to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | the above-named o | organistica submits this statement for the nurnose | of changing its registered |
| I acoust Lam tamiliar with Mort acc ount the obligat | ions of Section 607 OSOS Flori | ida Statutes | ration's board of directors. I hereby accept the a | appointment as registered |
| SIGNATURE/CLIP | DENCIENT | | | |
| Signature, typed or proved name a registered agrint | INTESTICLENT HOST fille if repolic able (NOTE DIRECTORS | Registered Agent signature re | quired when reinstating) DATE | |
| | | 13. | | |
| TITLE PD | DELETE | 1.1 TITLE | BARBARA I. MOILA | Change Addition |
| NAME MOISA, JULIO E | | | SECRETARY/TREASURER | |
| STREET ADDRESS 56 SAND PIPER RD | | 1.3 STREET ADDRESS | 56 SAUDPIPEN Rd | |
| CITY-ST-ZIP TAMPA FL 33609 | | 1,4 CITY-ST-ZIP | Tampr, F1 33609 | C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| TITLE VPS | DELETE | 2.1 TITLE | • | Change Addition |
| NAME MOISA, NORMA E | | 2.2 NAME | | |
| STREET ADDRESS 710 SOUTH HOWARD AVE. | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP TAMPA FL | DELLIA | 2.4 CITY-ST-ZIP | | Chance Addition |
| TIFLE | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3 3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELETE | 3.4, CITY-ST-ZIP | | Change Addition |
| TITLE | □ vittit | | | |
| NAME CYCLET ADDRESS | | 4, 2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DELETE | 5.1 TITLE | | Change Addition |
| NAME | become | 5.2 NAME | | |
| STREET ADDRESS | | 5.2 NAME 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 City-St-Zip | | |
| TOTLE | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| VINEX ADDRESS | | | | |
| CITY-ST-ZIP | | 6.4 City-St-ZiP | | |

ndicated on this annual report or supplemental annual report is frue 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

atomotion

Barbara J. Mois

3/6/98

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