

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90117 019 \*\*\*158.75

DOCUMENT # L08772

1. Corporation Name  
AQUA SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

710 S HOWARD AVE  
SUITE 211  
TAMPA FL 33607  
US

Mailing Address

1411 N WESTSHORE BLVD  
SUITE 211  
TAMPA FL 33607  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1989

4. FEI Number

59-2975466

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 1411 N. Westshore Blvd

26 Suite, Apt., etc.

22 Suite 211

27 Suite, Apt., etc.

City & State

23 Tampa, Fl.

City & State

28

24 Zip 33607 Country 25 US

29 Zip Country 30

9. Name and Address of Current Registered Agent

REIBER, SAM I  
601 E TWIGGS ST SUITE 200  
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ST  
NAME MOISA, BARBARA J  
STREET ADDRESS 56 SAND PIPER RD  
CITY-ST-ZIP TAMPA FL 33609 ☒ DELETE

TITLE VPS  
NAME MOISA, NORMA E  
STREET ADDRESS 710 SOUTH HOWARD AVE.  
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PS ☐ Change ☒ Addition  
1.2 NAME JULIO E. MOISA  
1.3 STREET ADDRESS 4627 Bay Crest Dr.  
1.4 CITY-ST-ZIP Tampa, Fl. 33615

2.1 TITLE ST ☒ Change ☒ Addition  
2.2 NAME BARBARA J. MOISA  
2.3 STREET ADDRESS 4627 Bay Crest Dr.  
2.4 CITY-ST-ZIP Tampa, Fl. 33615

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIO E. MOISA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99

Date

813-287-8802

Daytime Phone #

CR2E034 (11/98)