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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L67224** **(0)**

1. Corporation Name
AQUAMAN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
388 ASTER STREET PALM BEACH GARDENS FL 33410	388 ASTER STREET PALM BEACH GARDENS FL 33410-4803

3. Date Incorporated or Qualified: 04/20/1990
3a. Date of Last Report: 05/29/1996

2. Principal Place of Business
21 5821 ROEBUCK ROAD
Suite, Apt. #, etc.
22
City & State
23 Jupiter FL
Zip 24 33458 Country 25 USA

2a. Mailing Address
26 5821 ROEBUCK ROAD
Suite, Apt. #, etc.
27
City & State
28 Jupiter FL
Zip 29 33458 Country 30 USA

4. FEI Number: 65-0199872 ☐ 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

~~LAKS, BARBARA~~
~~388 ASTER ST~~
~~PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Name: Barbara LAKS
82 Street Address (P.O. Box Number is Not Acceptable): 5821 ROEBUCK ROAD
83
84 City: JUPITER FL 85 Zip Code: 33458

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LAKS, BARBARA	1.2 NAME	
STREET ADDRESS	~~388 ASTER ST~~ 5821 ROEBUCK RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~PALM BCH GRDNS FL~~ JUPITER FL 33458	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LAKS, IRA A.	2.2 NAME	
STREET ADDRESS	~~388 ASTER ST~~ 5821 ROEBUCK RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~PALM BCH GRDNS FL~~ JUPITER FL 33458	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAKS, SINDEL	3.2 NAME	
STREET ADDRESS	~~388 ASTER STREET~~ 5821 ROEBUCK RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~PALM BCH GRDNS FL~~ JUPITER FL 33458	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] SINDEL LAKS Treas 4/2/97 561-745 4980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0904727