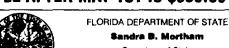
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 **DOCUMENT #**1. Corporation Name



Secretary of State DIVISION OF CORPORATIONS

(0)

AGUA M	AGNETICA INTERNACIO	ONAL, INC.								
Principal Place	of Business	Mailing Address 251 WEST CANAL DRIVE PALM HARBOR FL 34684				- T 10011001L DDV 10151 DIDAN (DV8D 14110 BIN) DIDAN DADAN DADAN	ITE MYNNE SINKE NEWS KAN			
251 WEST CAN PALM HARBOR						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified 07/03/1990				
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	Applied For			
1}		26				59-3029210	Not Applicable			
Suite, Apt, #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required				
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Z _{IP}	Country 25	Zip 29	30	untry		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes			
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered Ag	ent			
	ENTER, ROLAND			81	Name					
	Vest Canal Drive I Harbor FL 34684				Street Addre	Address (P.O. Box Number is Not Acceptable)				
				83						
				84	City	FL	85 Zip Code			

	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature re		DATE	
12.	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOR	
TITLE	PD DE	LETE 1.1 TITLE		Change	Addition
NAME	CARPENTER, ROLAND	1.2 NAME			
STREET ADDRESS	251 WEST CANAL DR.	1.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP			
TITLE	DE	LETE 2.1 TITLE		☐ Change	Additio
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP			
TITLE	DE	LETE 3.1 TITLE		Change	Additio
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	□ 0€	LETE 4.1 TITLE		Change	Additio
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY-ST-ZIP	,		
TITLE	□ DE	LETE 5.1 TITLE		☐ Change	Additio
Name		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	□ OF	LETE 6.1 TITLE		Change	Additio
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY ST 710		E 4 City St - 7ip			

14. I hereby certify that the information supplied with this filling 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 any 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 trustfe empoyable to except whis report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Apr 15 1998 8:00am

Secretary of State