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

**PROFIT CORPORATION ANNUAL REPORT** 

AQUATECTURE, INC.

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

M66932 DOCUMENT #

(8)

## **FILED** Apr 30 1997 8:00am Secretary of State



2. Principal Pla	5021 Hawkhurst Ave. Fort Lauderdale, FL 333	8649 6-W - 52-21 MIAMI FL - 68143 31 F.	Parties I 5021 Hav ort Lauder	Mkhui	rst Ave.	3. Date Incorporated or Qualified 01/28/1988 4. FEI Number	3a. Date of Last R 04/30/1996	
21	ico O Bosiliesa	26				65-0036897	<del></del>	oplied For of Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			······································	\$8.75 Additional		
22		27				5. Certificate of Status Desired		equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes Yes No			
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Reg	Istered Agent	
WEINSIER, JAMES F				82 83 84		ss (P.O. Box Number is Not Acceptabl	·	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 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)  DATE								
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	D WEINSIER, JAMES F. 2040-19-19-19-19-19-19-19-19-19-19-19-19-19-	\ \	1	.1 THILE .2 NAME .3 STREET .4 CHY-S			L_] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WEINSIER, JAMES F.		DELETE 2 2 2	1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY - S	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James F. Weins 5021 Hawkhurst A Fort Lauderdale, FL	er Ne.	DELETE 3	I.1 TITLE I.2 NAME I.3 STREET I.4. CITY - S	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	——— vi Lauvoi vald, E.E.	i r	DELETE 4 4	I.1 TITLE I. 2 NAME I.3 STREET I.4 CITY - S	ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS			281 ETE 5 5	.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS	• • .		DELETE 6	6.4 CITY-S 6.1 TITLE 6.2 NAME 6.3 STREET			Change	Addition

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.