

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P36804**

1. Corporation Name

AQUATHERM INDUSTRIES, INC.

Principal Place of Business

**1940 RUTGERS UNIVERSITY BOULEVARD
LAKEWOOD NJ 08701
US**

Mailing Address

**1940 RUTGERS UNIVERSITY BOULEVARD
LAKEWOOD NJ 08701
US**

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90023 033 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1991

4. FEI Number

22-3022839

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. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORRAN, JODY A.

**~~5849 OKEECHOBEE BLVD., SUITE 201~~
~~WEST PALM BEACH FL 33417~~**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12840 MEADOWBREEZE DR

83

84 City

WELLINGTON, FL

FL

85 Zip Code

33414

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 **JODY A. GORRAN**

7/1/99

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 **P** ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SIZELOVE, DAVID
1940 RUTGERS UNIVERSITY BLVD
LAKEWOOD NJ**

TITLE **STD** ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MAYBERG, NORMAN
P.O. BOX 722 N/A
HIGHTSTOWN NJ 08520**

TITLE **CD** ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**GORRAN, JODY A.
12593 QUERCUS LANE
W. PALM BEACH FL 33414**

TITLE **D** ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**GORRAN, ALICIA
12593 QUERCUS LANE
W. PALM BEACH FL 33414**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

7/1/99

Date

Daytime Phone #

609-448-5566

CR2E034 (5/99)