

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P93000002362 (0)  
1. Corporation Name  
**AQUATIC INNOVATIONS, INC.**

Principal Place of Business 400 S. HWY 1792 A116 LONGWOOD FL 32750 US	Mailing Address 400 S HWY 1792 LONGWOOD FL 32750 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6333 N. Orange Blossom Trail</b> Suite, Apt. #, etc. 22 <b>Suite 201</b> City & State 23 <b>Orlando, FL</b> Zip 24 <b>32810</b>	2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>01/07/1993</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>59-3158462</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROTHERMEL, JANICE**  
**400 S HWY 1792**  
**LONGWOOD FL 32750**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**6333 N. Orange Blossom Trail**  
83  
**Suite 201**  
84 City  
**Orlando**  
**FL**  
85 Zip Code  
**32810**

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) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	<b>ROTHERMEL, PATRICK E</b>
STREET ADDRESS	<b>4124 COBBLE STONE COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
TITLE	VST <input type="checkbox"/> DELETE
NAME	<b>ROTHERMEL, JANICE</b>
STREET ADDRESS	<b>4124 COBBLE STONE COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Janice Rothermel** 7/28/97 (407) 292-0500

CR2E034 (4/97)

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**Aquatic Innovations, Inc.**  
**6333 N. Orange Blossom Trail, Suite 201**  
**Orlando, FL 32810**  
**(407) 292-0500 Fax (407) 292-2082**

August 5, 1997

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

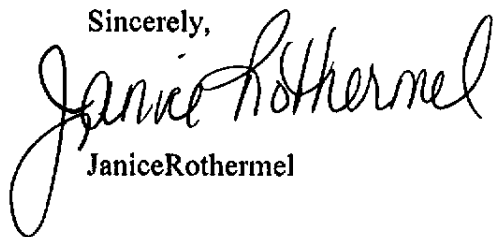
To Whom It May Concern:

This letter is to inform you that we have relocated our office. Our new address is located at the top of this letter. We did not receive a 1st notice due to our relocation. Enclosed please find the fee for \$165.00, which is what we would have paid if we had received the 1st notice.

If you need any other information please call at the above number.

Thanks for your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Janice Rothermel". The signature is written in black ink and is positioned above the printed name.

JaniceRothermel