


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

FILED
Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000007311 (2)**

1. Corporation Name

ADVANCED AQUACARE, INC.



Principal Place of Business

Mailing Address

**8601 S. TATUM RD.
PLANT CITY FL 33567**

**8601 S. TATUM RD.
PLANT CITY FL 33567**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2143 South U.S. #1		26 P.O. Box 433		01/28/1993	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 Rockledge, FL		28 COCOA, FL		59-3165267	
24 32955		29 32923-0633		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25 BREVARD		30 BREVARD		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				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	
PEEPLS, ANGELA 8601 S. TATUM RD. PLANT CITY FL 33567				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				MERRITT ISLAND FL 85 Zip Code 32952	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	PEEPLS, LARRY W	1.2 NAME	RILEY, BRENDA G.
STREET ADDRESS	8601 S. TATUM RD.	1.3 STREET ADDRESS	443 SUMMERS CREEK DR.
CITY-ST-ZIP	PLANT CITY FL 33567	1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	DS	2.1 TITLE	DV
NAME	CARTER AIMEE L	2.2 NAME	RILEY, MICHAEL W.
STREET ADDRESS	8609 S TATUM RD	2.3 STREET ADDRESS	443 SUMMERS CREEK DR.
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	DV	3.1 TITLE	
NAME	PEEPLS, MATTHEW L	3.2 NAME	
STREET ADDRESS	485 DIANA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	DT	4.1 TITLE	
NAME	PEEPLS, ANGELA	4.2 NAME	
STREET ADDRESS	8601 S. TATUM RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

CR2E034 (10/97)