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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027241

1. Corporation Name

AQUA MAGNETICS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

Sep 01, 1999 8:00 am Secretary of State

09-01-1999 90007 038 ***550.00



915-B HARBOR LAKES DRIVE SAFETY HARBOR FL 34695		915-B HARBOR LAKES DRIVE SAFETY HARBOR FL 34695			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/13/1993
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3184497 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
22		City & State			
City & State		28 State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24	25	29 30	·		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
CARPENTER, ROLAND K 915-B HARBOR LAKES DRIVE SAFETY HARBOR FL 34695				Name Street Add	Iress (P.O. Box Number is Not Acceptable)
			84	City	85 Zip Code
				-	poration submits this statement for the purpose of changing its registered
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 register of each 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ROLAND K CARPENTER PRESIDENT RUGUST 26, 1999 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II TITLE OPST Change					
NAME	CARPENTER, ROLAND K		1.2 NAME		
STREET ADDRESS	915-B HARBOR LAKES DRIVE			ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1	1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE 2	2.1 TITLE		☐ Change ☐ Addition
NAME		2	2.2 NAME	ļ	
STREET ADDRESS	-		2.3 STREE	T ADDRESS	
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP	☐ Change ☐ Addition
TITLE			31TITLE	Ì	Condings Chomodi
NAME			3.2 NAME	TADDRESS .	
STREET ADDRESS		.	3.3 STREE 3.4. CITY-S	- 1	
CITY-ST-ZIP			4.1 TITLE	/1-ZIF	☐ Change ☐ Addition
NAME		-	1. 2 NAME		
STREET ADDRESS			4.3 STREE	ADDRESS	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	
TITLE		_	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS		•		TADDRESS	
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	1-ZIP	Change Addition
TITLE			B.2 NAME:		[_] Change [_] Addition
NAME	. · · · · · ;.			T ADDRESS	
STREET ADORESS			0.3 STREE		

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 any attachment with an address, with all other like empowered.

GNING OFFICER OR DIRECTOR