FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000030744 (5)

AQUA WITCH, INC. Principal Place of Business Mailing Address 2976 FORSYTH RD ORLANDO FL 32792 US US Mailing Address 2976 FORSYTH RD ORLANDO FL 32792 US									3. Date Incorporated or Qualified 3a. Date of Last Report					
									04/23/19	93		05/01/	1995	
2. Principal Pl 21	lace of Busine	ess	2a. 26	Mailing Address				4. ⊦	El Number 59-318	1576			Applied For	
Suite, Apt.	#, etc		[20]	Surte, Apt. #, etc							·····	\$8.7	Not Applicat 5 Additional	
22			27					5. (Certificate of St	atus Desired			Required	
City & State	e			City & State				l l	lection Campa			\$ 5.	00 May Be	
23 Zip		Country	28	7.0					rust Fund Con				ed to Fees	
24	}	25	29	Zip	30	Country		1	his corporation Iorida Statutes	n has liability for Ye	rintangible s ∏No	tax under	s 199.032,	
- 1		and Address of Curre		tered Agent	1001					dress of New		d Agent		
						81	Name				 ;	-		
	od, david					82	Street Add	cress (P _. O	. Box Number	is Not Accepta	ble)			
	FORSYTH F						297	6 7	brsyth	Roud				
UKLAN	NDO FL 327	792				83			· ·					
						84	City				FI	85	Zip Code	
				rchanne was auth	orized by th	e corno	named corpo	s rd of rice	ctors. Thereby	accept the ani	scintment s			
SIGNATURE :	ith, and accep	of the obligations of Sec	ation 607.0		iorized by th lites	e corpo	oration's book	kird of dire	ctors. I hereby	accept the app	pointment a	is registere	ed agent. I am	
SIGNATURE 12.	Synature, typistic	of the colligations of Sec	otion 607.0	0505, Florida State इस्टेब्स्ड FORS	norized by th utes (NOTE Figure 1)	e corpo Fet Agrat 3.	oration's bo	eatwhere is	ctors. I hereby	accept the app	DATE	ID DIRECT	ORS IN 12	
SIGNATURE 12. TIFLE	Signature, spirita	or protect name of registered as OFFICERS AF	otion 607.0	0505, Florida Stati	NOTE Fished	e corpo estAgent 3. 1 Ince	oration's bo	eatwhere is	ctors. I hereby	accept the app	DATE		ORS IN 12	
SIGNATURE 12. TIFLE NAME	Signature, lyjusti PST MCLE(or protest name of registered as OFFICERS AT	otion 607.0	0505, Florida State इस्टेब्स्ड FORS	(NOTE Engade	e corpo ed Agent 3. 1 THLE 2 NAME	Paton's bo	eatwhere is	ctors. I hereby	accept the app	DATE	ID DIRECT	ORS IN 12	
SIGNATURE 12. TIFLE NAME STREEL ADDRESS	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	0505, Florida State इस्टेब्स्ड FORS	Orized by thutes NOTE Englide 13 12	e corpo 3. 1 Inde 2 NAME 3 STREET	t signature requir	eatwhere is	ctors. I hereby	accept the app	DATE	ID DIRECT	ORS IN 12	
SIGNATURE 12. TIFLE NAME	Synature, typical of PST MCLE(or protest name of registered as OFFICERS AT	otion 607.0	0505, Florida Stati एक्टेन्स्ट (TORS DELETE	orized by thutes NOTE Expedit 13 1 12 13	e corpo 3. 1 DILE 2 NAME 3 STREFT, 4 CITY-ST	t signature requir	eatwhere is	ctors. I hereby	accept the app	DATE	ID DIFIE CT	ORS IN 12	
SIGNATURE 12. TIFLE NAME STREEL ADDRESS CITY-ST-ZIP	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	0505, Florida State इस्टेब्स्ड FORS	NOTE Frank NOTE Frank 11 11 12 13 14	e corpo 3. 1 Inde 2 NAME	t signature requir	eatwhere is	ctors. I hereby	accept the app	DATE	ID DIRECT	ORS IN 12	
SIGNATURE 12. TIFLE NAME STREEL ADDRESS CITY-SI-ZIP TIFLE	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	0505, Florida Stati एक्टेन्स्ट (TORS DELETE		e corpo 33. 1 litle 2 name 3 streef (4 city-st 1 litle	oration's book signature requirements	eatwhere is	ctors. I hereby	accept the app	DATE	ID DIFIE CT	ORS IN 12	
SIGNATURE 12. TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	0505, Florida Stati एक्टेन्स्ट (TORS DELETE	10072ed by thutes	e corpo 3. 1 DILE 2 NAME 3 STHEFT A 4 CITY-ST 1 TITLE 2 NAME	ADDRESS	eatwhere is	ctors. I hereby	accept the app	DATE	ID DIFIE CT	ORS IN 12	
SIGNATURE 12. TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	0505, Florida Stati एक्टेन्स्ट TORS DELETE	10072ed by thutes	e corpo 3. 1 DILE 2 NAME 3 STREET A 1 DILE 2 NAME 3 STREET A 4 CITY-ST 1 TILE	ADDRESS	eatwhere is	ctors. I hereby	accept the app	DATE	ID DIFIE CT	ORS IN 12 Addition	
SIGNATURE 12. TIFLE NAME STREEL ADDRESS CITY-SI-ZIP TIFLE NAME STREET ADDRESS CITY-SI-ZIP TIFLE NAME NAME	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Stati	3NOTE Projects 110 111 112 122 233 24	e corpo 3. 1 DILE 2 NAME 3 STHEFT A 4 CITY - ST 1 TITLE 2 NAME 3 STREET A 4 CITY - ST 1 TITLE	ADDRESS T-ZIP	eatwhere is	ctors. I hereby	accept the app	DATE	D DIRECT Change	ORS IN 12 Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Stati	100724 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 10074 100	e corpo 3. 1 DILE 2 NAME 3 STHEFT: 4 CITY-ST 1 TITLE 3 STREET: 4 CITY-ST 1 TITLE 2 NAME 3 STREET: 4 CITY-ST 1 TITLE 2 NAME 3 STREET:	ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS	eatwhere is	ctors. I hereby	accept the app	DATE	D DIRECT Change	ORS IN 12 Addition	
SIGNATURE 12. TIFLE NAME STREEL ADDRESS CITY-SI-ZIP TIFLE NAME STREET ADDRESS CITY-SI-ZIP TIFLE NAME STREET ADDRESS CITY-SI-ZIP TIFLE NAME STREET ADDRESS CITY-SI-ZIP	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Statu BY MARKA OTORS DELETE DELETE	10072ed by thutes	SECONDO 3. 1 DILE 2 NAME 3 STHEFT A 4 CITY-ST 1 TILE 2 NAME 4 CITY-ST 1 TILE 2 NAME 3 STREET A 5 CITY-ST 4 CITY-ST	ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS	eatwhere is	ctors. I hereby	accept the app	DATE	Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TIFLE NAME STREEL ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS STREET ADDRESS	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Stati	1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007/24 1007	3. 1 DILE NAME 3 STHEFT A 1 TITLE NAME 3 STHEFT A 1 TITLE NAME 3 STREET A 1 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 4 CITY-ST 4 CITY-ST 4 CITY-ST	ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS	eatwhere is	ctors. I hereby	accept the app	DATE	D DIRECT Change	ORS IN 12 Addition Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Statu BY MARKA OTORS DELETE DELETE	1007th Francis 11	SECONDO 3. 1 DILE 2 NAME 3 STHEFT A 4 CITY-ST 1 TILE 2 NAME 4 CITY-ST 1 TILE 2 NAME 3 STREET A 5 CITY-ST 4 CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	eatwhere is	ctors. I hereby	accept the app	DATE	Change	ORS IN 12 Addition Addition	
SIGNATURE 12. THEE NAME STREEL ADDRESS CITY-SI-ZIP THEE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Statu BY MARKA OTORS DELETE DELETE	1007th Franch 11	3. 1 DILE NAME 3 STHEFF A 4 CITY - ST 1 TITLE 2 NAME 3 STREET A 4 CITY - ST 1 TITLE 2 NAME 3 STREET A 6 CITY - ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	eatwhere is	ctors. I hereby	accept the app	DATE	Change	ORS IN 12 Addition Addition	
SIGNATURE 12. THEE NAME STREEL ADDRESS CITY-SI-ZIP THEE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Statu BY MARKA OTORS DELETE DELETE	1007th Franch 11	3. 1 DILE NAME 3 STREET A CITY-ST 1 TILE 2 NAME 3 STREET A	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	eatwhere is	ctors. I hereby	accept the app	DATE	Change	OFIS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Statu BY MARKEN TO BELETE DELETE DELETE DELETE	1007 Francis 11	3. 1 DILE NAME 3 STHEFF A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 4 CITY-ST 1 TITLE 2 NAME 3 STREET A 6 CITY-ST 1 TITLE 2 NAME 3 STREET A 6 CITY-ST 1 TITLE 2 NAME 3 STREET A 6 CITY-ST 1 TITLE 2 NAME 3 STREET A 6 CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS ADDRESS ADDRESS ADDRESS	eatwhere is	ctors. I hereby	accept the app	DATE	Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Synature, typical of PST MCLE(OFFICERS AT DOMESTIC DAY DOMEST	otion 607.0	USOS, Florida Statu BY MARKEN TO BELETE DELETE DELETE DELETE	1007 Francis 11	3. 1 DILE NAME 3 STREET A CITY-ST 1 TILE 2 NAME 3 STREET A CITY-ST 1 TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	eatwhere is	ctors. I hereby	accept the app	DATE	Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Synature, typical of PST MCLE(OFFICERS AT DOISON DAVID W FORSYTH ROAD	otion 607.0	USOS, Florida Statu REFERENCE DELETE DELETE DELETE DELETE	1007 Frequency 11	SCHADOR 3. 1 DILE 2 NAME 3 STREET / 4 CITY - ST 1 TITLE 2 NAME 3 STREET / 4 CITY - ST 1 TITLE 2 NAME 3 STREET / 4 CITY - ST 1 TITLE 2 NAME 4 CITY - ST 1 TITLE 2 NAME 8 STREET / 1 TITLE 2 NAME 8 STREET / 1 TITLE 2 NAME 8 STREET / 1 TITLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	eatwhere is	ctors. I hereby	accept the app	DATE	DIFFE CT Change Change Change	OFIS IN 12 Addition Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	Synature, typical of PST MCLE(OFFICERS AT DOISON DAVID W FORSYTH ROAD	otion 607.0	USOS, Florida Statu BY MARKEN TO BELETE DELETE DELETE DELETE	1007 Francis 11	SCHAGES A COLY - ST TILLE STREET A COLY - ST TILLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	eatwhere is	ctors. I hereby	accept the app	DATE	Change Change	ORS IN 12 Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Synature, typical of PST MCLE(OFFICERS AT DOISON DAVID W FORSYTH ROAD	otion 607.0	USOS, Florida Statu REFERENCE DELETE DELETE DELETE DELETE	1007 Free doc 11	SCHAGES A COLY - STATE OF THE COLY - STATE OF	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	eatwhere is	ctors. I hereby	accept the app	DATE	DIFFE CT Change Change Change	OFIS IN 12 Addition Addition Addition Addition	
SIGNATURE 12. TITLE NAME STREEL ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE TITLE	Synature, typical of PST MCLE(OFFICERS AT DOISON DAVID W FORSYTH ROAD	otion 607.0	USOS, Florida Statu REFERENCE DELETE DELETE DELETE DELETE	1007 Free doc 11	SCHAGES A COLY - ST TILLE STREET A COLY - ST TILLE	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	eatwhere is	ctors. I hereby	accept the app	DATE	DIFFE CT Change Change Change	OFIS IN 12 Addition Addition Addition Addition	

oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed or on an at architect with an applicas.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-678-1847