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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

FILED

May 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300063652 (0)

AQUA SUN MANAGEMENT, INC.

Principal Pla	ace of Business	Mailing Address				
8 SUNSHINE		3 SUNSHINE BLVD.	v			
				3. Date Incorporated or Qualif 09/07/1993	ied 3a. Date of Last Report 05/01/1996	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Sulte, Ap	1 # olo	26		59-3206734	Not Applicable	
22]	n. ff, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	I — I — I — I — I — I — I — I — I — I —			
23		28		6. Election Campaign Financir Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability	for intangible tax under s. 199.032,	
24	25	29	[30]	Florida Statutes	Yes No	
	9. Name and Address of Curr	rent Hegistered Agent	81 Name	10. Name and Address of Nev	v Registered Agent	
CARLSON, BILL				Dean Carlson		
3 SUNSHINE BLVD. ORMOND BEACH FL 32174			82 Street	ect Address (P.O. Box Number is Not Acceptable) 3 Sunshine Boulevard		
, UN	MOND DEACH FE 32174		83	3 Builbillie Boulev	ALU	
:			84 City	Ormond Beach	FL 85 32174	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Horida 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.						
agent. I	am familiar with, and accept the ob-	ligations of, Section 607.0505, I	lorida Statutes.	poration's board of directors, I hereby a	ocept the appointment as registered	
SIGNATURE		1	an arrest of			
12.		agent und litte if applicable (NO AND DIRECTORS	OIL: Registered Agent signature 13.		DATE DEFICERS AND DIRECTORS IN 12	
TITLE	DPS	DELETE	1.1 TITLE	ADDITIONS/OFFANGES TO C	Change Addition	
NAME	CARLSON, BILL		1.2 NAME			
STREET ADDRESS	3 SUNSHINE BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH FL	· · · · · · · · · · · · · · · · · · ·	1.4 C(1)Y - \$1 - 7(P)		ww	
TITLE		DELETE	2.1 1/11.6	Vice-President	Change XX Addition	
NAME			2.2 NAME	Dean Carlson		
STREET ADDRESS	5		2.3 STREET ADDRESS	3 Sunshine Boulev	ard	
CITY-ST-ZIP		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Ormond Beach FL		
NAME		لے مستد	3.1 title 3.2 NAME		Change Addition	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. City-St-7/P			
TITLE		☐ DELETE	41101.6		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZiP			
TITLE		☐ DETETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS	·		5.3 \$1REFT ADDRESS			
CITY+ST-ZIP TITLE		DELFTE	5.4 CHY-S1-ZIP 6.1 HTF		Change Addition	
NAME		<u> </u>	6.2 NAME		C Guange (C) Modificit	
STREET ADDRESS			6.3 STREET ADDRESS		,	
	1				i	

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 offect as if made under eath; 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.