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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9300063652 1. Corporation Name

Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90189 002 ***150.00

AQUA SI	un management, inc.							
Principal Place	e of Business	Mailing Address				115 20 11) 80 11 0 0 .	II da Hiil a b i	INI GIIRN IRDI INDI
3 SUNSHINE BU	LVD.	3 SUNSHINE BLVD.						
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174					DO NOT WO	TE IN TUIC	00405	
					DO NOT WR 3. Date Incorporated or Qualified	~	SPACE	
ı					09/07/1993			
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number		i I	Applied For
21		26			59-3206734			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
22	-	27			5. Ceruicate of Status Desired		Fee	Required
City & Stat	e	City & State			6. Election Campaign Financing	П		May Be
23		28			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Country	<i>(</i>	8. This corporation owes the cur	rent year Inta	angible □Yes	□No
24	9. Name and Address of Current		30	_	Personal Property Tax. 10. Name and Address of New	Registered 4		
	g. Name and Address of Current	Kedisteten Wallt	81	Name	IV. Name and Address of Nov	registered /	-gom	
CARI	LSON, DEAN			<u></u>				
	INSHINE BLVD		82	Street A	Address (P.O. Box Number is Not Accept	able)		
ORM	OND BEACH FL 32174		83	1				
			84	City			OF 7	p Code
			04	City		FL	85 Z	h code
			<u>-</u>	<u> </u>				14
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	if Florida. Such change was aut	lhorized by	the corpo	corporation submits this statement for the ration's board of directors. I hereby acce	purpose of optithe property part the appoint	changing itment as	its registered registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligation. Signature, typed or printed name of registered agent	of Florida. Such change was autions of, Section 607.0505, Floridand title if applicable. (NOTE: R	thorized by da Statutes Registered Age	the corpo	ration's board of directors. I hereby acce	pt the appoir	itment as	registered
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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, with all other like empowered.

SIGNATURE:

SISTERE REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99 904-677-0573

Date Daytime Phone #