

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 9:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000064629 (7)

1. Corporation Name
L. L. AQUATIC REALM, INC.

Principal Place of Business
**4301 N OCEAN BLVD #1703
BOCA RATON FL 33431**

Mailing Address
**4301 N OCEAN BLVD #1703
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/10/1993	3a. Date of Last Report 06/30/1994
4. FEI Number 65-0438214	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Declared <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Change of address

2. Principal Place of Business 6314 Graven Way	2a. Mailing Address 6314 Graven Way
22. Suits, Apt. #, etc.	27. Suits, Apt. #, etc.
23. City & State Boca Raton, FL.	28. City & State Boca Raton, FL.
24. Zip 33433	25. Country USA
29. Zip 33433	30. Country USA

9. Name and Address of Current Registered Agent

**KUNMANN, EDMOND J
465 E PALMETTO PARK RD
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81. Name Richard A. Murdoch, Esq.	
82. Street Address (P.O. Box Number is Not Acceptable) 980 N. Federal Highway, Suite 410	
83.	
84. City Boca Raton	85. Zip Code FL 33432

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]* DATE: **6/29/95**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE)

12. OFFICERS AND DIRECTORS

TITLE OO	NAME STACK III, LEE P.	STREET ADDRESS 4301 NORTH OCEAN BOULEVARD, #1703	CITY - ST - ZIP BOCA RATON FL
TITLE	NAME	STREET 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	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OO	1.2 NAME STACK III, LEE P.	1.3 STREET ADDRESS 6314 Graven Way	1.4 CITY - ST - ZIP Boca Raton, FL. 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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: *[Signature]* DATE: **6-18-95 / 407-338-9707**

(Signature, typed or printed name of signing officer or director) (Date)

CR2E034 (3/95)