

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000006616 (4)**

1. Corporation Name

**AQUATECH & ASSOCIATES, INC.**



Principal Place of Business

Mailing Address

421 S.E. 6TH AVE.  
 POMPANO BEACH FL 33060

421 S.E. 6TH AVE.  
 POMPANO BEACH FL 33060

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt #, etc.

27

Suite, Apt #, etc

21

Suite, Apt #, etc.

22

City & State

23

City & State

28

City & State

24

Zip

Country

29

Zip

25

Country

30

26

9. Name and Address of Current Registered Agent

**LESNETT, ALEX  
 421 S.E. 6TH AVE.  
 POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified

**01/18/1994**

3a. Date of Last Report

**10/26/1995**

Applied For

Not Applicable

4. FER Number

**65-0465327**

5. Certificate of Status Desired

\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be  
 Added to Fees

8. This corporation has liability for intangible tax under s. 199.032  
 Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

**FL** 85. Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
					12. NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	13. STREET ADDRESS		
					14. CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
					22. NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	23. STREET ADDRESS		
					24. CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
					32. NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	33. STREET ADDRESS		
					34. CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
					42. NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	43. STREET ADDRESS		
					44. CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
					52. NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	53. STREET ADDRESS		
					54. CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
					62. NAME		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	63. STREET ADDRESS		
					64. CITY-ST-ZIP		

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 119.07(3)(k), 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 my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/12/96 305-885-7200**  
 Date Phone #

CR2E034 (3/96)