FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 14 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033257 (4)**

1. Corporation Name

GET 'N WET ENTERPRISES INC

Principal Place of Business	Mailing Address
811 FAIRHAVEN DR N PALM BEACH FL 33408	811 FAIRHAVEN DR N PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: 65-056-9039 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEANE, ELIZABETH A
811 FAIRHAVEN DR
N PALM BEACH FL 33408

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: Elizabeth A Keane — 4-11-95
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR CHAIRMAN	11 TITLE	☐ Change ☐ Addition
NAME	ELIZABETH A KEANE	12 NAME	
STREET ADDRESS	811 FAIRHAVEN DR.	13 STREET ADDRESS	
CITY-ST-ZIP	N. Palm Bch FL. 33408	14 CITY-ST-ZIP	
TITLE	PRESIDENT	21 TITLE	☐ Change ☐ Addition
NAME	Richard KEANE.	22 NAME	
STREET ADDRESS	811 FAIRHAVEN DR.	23 STREET ADDRESS	
CITY-ST-ZIP	N. Palm Bch. FL. 33408	24 CITY-ST-ZIP	
TITLE	TREASURER V.P.	31 TITLE	☐ Change ☐ Addition
NAME	John SCIALPI	32 NAME	
STREET ADDRESS	16 Blandland Drive	33 STREET ADDRESS	
CITY-ST-ZIP	E. Northport, NY 11731	34 CITY-ST-ZIP	
TITLE	SECRETARY V.P.	41 TITLE	☐ Change ☐ Addition
NAME	Richard Zizzo	42 NAME	
STREET ADDRESS	16 Rodrick Court	43 STREET ADDRESS	
CITY-ST-ZIP	E. Northport N.Y 11731	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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 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 added on an attachment with an address.

SIGNATURE: Elizabeth A Keane — 4/11/95 — 407-848-3524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0947S08 CP