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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000043531 (0)

1. Corporation Name

AQUATIC EXCELLENCE, INC.



Principal Place of Business

Mailing Address

810 W. CENTRAL PKWY 5082 W. Colonial Dr
SUITE 2057 SUITE 129
ALTAMONTE SPRINGS FL 32714
Orlando, FL 32809

2. Principal Place of Business

2a. Mailing Address

21 5082 W. Colonial Dr.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 129

27

City & State

City & State

23 Orlando, FL

28

Zip

Country

Zip

Country

24 32809

25 USA

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, CHRISTOPHER J
5715 BEN PINE DR.
SUITE 202
ORLANDO FL 32822

81 Name Christopher J. Scott
82 Street Address (P.O. Box Number is Not Acceptable)
1000 Douglas Ave.
83 #181
84 City Altamonte Springs FL 85 Zip Code 32714

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]

Christopher J. Scott - Vice President

DATE 2/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SCOTT, CHRISTOPHER
STREET ADDRESS 5715 BENT PINE DR. #202
CITY-ST-ZIP ORLANDO FL 32822

TITLE VP
NAME RIECKMANN, JAY D
STREET ADDRESS 1209 E. WASHINGTON ST.
CITY-ST-ZIP ORLANDO FL 32801

TITLE S
NAME JOHNSON, JAMES R
STREET ADDRESS 5435 W. VINELAND RD.
CITY-ST-ZIP ORLANDO FL 32811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Christopher J Scott
1000 Douglas Ave #181
Altamonte Springs, FL 32714

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE:

[Signature]

Christopher J Scott - Vice President

DATE 2/22/96 (402) 774-3280

CR2E034 (12/95)