FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000043531 (0)

AQUATIC EXCELLENCE, INC.

5082 WEST COLONIAL DRIVE #129		P.O. BOX 915013 LONGWOOD FL 32791-5013					
ORLANDO FL 3: US	2808				3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Ro 02/29/1996	aport
2. Principal Place of Business 28. Mailing Address					4. FEİ Number	 	plied For
21		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	59-3251394	60.75	t Applicable
Suite, Apt :	.,	27		5. Certificate of Status Desired	Fee Required		
City & Stafe		City & State	28		Election Campaign Financing Trust Fund Contribution	. \$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip Count 30		ntry	8. This corporation has liability for in Florida Statutes	ntangible tax under s. Yes	199.032,
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCOTT, CHRISTOPHER J				81 Name			
1000 DOUGLAS AVENUE				82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
	MONTE SPRINGS FL 32714			83			
				84 City		FL	Code
11. Pursuant office or r	to the provisions of Sections 607 050 egistered agent, or both in the State	2 and 607.1508, Florida Statu of Florida: Such change was	tes, the al authorize	bove-named cold by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing it of the appointment as	s registered registered
	ni family with, and accept the obliga	ations of, Section 607.0605, F	lorida Stal	tutes.		1000	
SIGNATURE	manuska konteg lengan	r randitide raugicable (NO	it: Registere	d Agunt signature rea	iced when reinstating)	16ATE / 7	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	
TITLE	VP .	☐ DELETE	1.1 (1	TLF		☐ Change	Addition
NAMÉ	SCOTT, CHRISTOPHER J		1.2 N	AME			
STREET ADDRESS	1000 DOUGLAS AVENUE, #18	1	1.3 S	TREET ADDRESS			
CHY+S*-7IP	ALTAMONTE SPRINGS FL		1.4 0	ITY-ST-ZIP			
THILE	P	L_I DELETE	2 1 11	TLE		L_} Change	Addition
NAME	RIECKMANN, JAY D		22N	}			
STREET ADORESS	1209 E. WASHINGTON ST.			TREET ADDRESS			
OTY ST-ZIP	ORLANDO FL			CITY - ST - ZIP		Change	Addition
1:114		DELETE	317			C Change	Addition
NAMi			3 2 N				
STREET ADDRESS			1	TREET ADDRESS			
CIT V - S1 - ZIP		DELETE	41 T	DITY-ST-7IP		Change	Addition
TILLE		Land Stephenter	4.21			<u> </u>	
NAM!				TREET ADORESS			
STREET ADDRESS				ITY-ST-ZIP			
CHY-SI ZIP		DELETE	5.1 I			Change	Addition
THUE NAME			5.2 N				
STREET ADDRESS				TREET ADDRESS			
City-ST-ZIP				OTY-SI-ZIP			
TI'LE		☐ DELETE	6 · I			Change	Addition
NAME				IAME			
STREET ADORESS				STREET ADDRESS			
CITY-ST 7IF				CITY - ST - ZIP			

14. I do 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 attachagent with an address.