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Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000058364 (8)

1. Corporation Name

AQUA MARINE SALE & SERVICE, INC.

Principal Place of Business  
3530 N.W. 97TH BOULEVARD  
GAINESVILLE FL 32606

Mailing Address  
PO BOX 1352  
BRONSON FL 32621-1352



3. Date Incorporated or Qualified  
08/08/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number

59-3262074

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

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

2. Principal Place of Business

2a. Mailing Address

21 6250 NW 126 Place

26 6250 NW 126 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 Chiefland Florida

28 Chiefland Florida

Zip

Country

Zip

Country

24 32626

25 USA

29 32626

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEIN-KAPLAN, ROBERT  
3530 N.W. 97TH BLVD.  
GAINESVILLE FL 32606

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME KAPLANSTEIN, ROBERT  
STREET ADDRESS 3530 N.W. 97TH BOULEVARD  
CITY- ST- ZIP GAINESVILLE FL 32606

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE D ☐ DELETE  
NAME KAPLANSTEIN, DALE  
STREET ADDRESS 3530 N.W. 97TH BOULEVARD  
CITY- ST- ZIP GAINESVILLE FL 32606

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE P ☐ DELETE  
NAME ALEXANDER, ROBERT  
STREET ADDRESS PO BOX 1352 (N/A)\*  
CITY- ST- ZIP BRONSON FL 32621

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

TITLE S/T ☐ DELETE  
NAME ALEXANDER, PAULA  
STREET ADDRESS PO BOX 1352 (N/A)\*  
CITY- ST- ZIP BRONSON FL 32621

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED Robert Alexander 4.17.97 352-493-2782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)