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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400059821

BIO AQUATICS, INC.

Principal Place	e of Business	Mailing Address					1 00 13501 310 1911)		ATTUR TREET TRIES	E1003 E1 100
3727 SE OCEAN	N BLVO.	3727 SE OCEAN BLVD.								
SUITE 206		206				DO NOT WRITE IN THIS SPACE				
STUART FL 349	196	STUART FL 34996 US				3.	Date Incorporated or Qualifed			
03		,				j	08/11/1994			
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number		Ap	oplied For
21		26					65-0510464			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired		V	Additional
22		27				-				equired
City & State	9	City & State					Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip	Country	Zip	Count	ΓV			This corporation owes the cur	rent vear Inta		
24	25	<u> </u>	30	.,			Personal Property Tax.	rone your in	X Yes	□No
2-1	9. Name and Address of Curre					10.	Name and Address of New	Registered .	Agent	
			8	1 N	lame					
	IAMS, RICHARD H		8	2 8	treet Addre	ess (P.	O. Box Number is Not Accept	table)		
)	' SE OCEAN BLVD.			_			<u> </u>			
	E 206		8	13						
310/	ART FL 34996		8	4 0	ity			FL	85 Zip	Code
	to the provisions of Sections 607.05	FOO I COZ 1500 Florida Statuto	s the abo	, , , , , ,	amed come	oration	euhmite this statement for the		changing its	registered
office or re	edictored agent or both in the Stat	م of Florida, Such change was au	thorized h	iv the	corporatio	n's bo	oard of directors. I hereby acce	pt the appoi	ntment as re	gistered
agent. I ar	m familiar with, and accept the obliq	gations of, Section 607.0505, Flori	da Statute	es.						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: I	Registered Ag	gent sig	nature required	when re	einstating)	DATE		
12.	OFFICERS A		13.				ADDITIONS/CHANGES TO OF	CICEDE AL	ID DIDECTO	3DS IN 12
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 1 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, with all other like empowered.

SIGNATURE: