

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 04 1997 8:00am
Secretary of State

DOCUMENT # P94000063255 (1)

1. Corporation Name
ADDAQUAY INTERNATIONAL, INC.



Principal Place of Business
1737 EVANS DR.
CLEARWATER FL 34619

Mailing Address
1737 EVANS DR.
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1317 ML KING ST. So.
Suite, Apt. #, etc.
22
City & State
23 ST. PETERSBURG FL
Zip Country
24 33705 25 PINELLAS
2a. Mailing Address
26 1317 ML KING ST. So.
Suite, Apt. #, etc.
27
City & State
28 ST. PETERSBURG FL
Zip Country
29 33705 30 PINELLAS

3. Date Incorporated or Qualified 08/24/1994
3a. Date of Last Report 08/12/1996
4. FEI Number 59-3265994
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADDAQUAY, SYLVIA C
1737 EVANS DR.
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name ADDAQUAY, SYLVIA C.
82 Street Address (P.O. Box Number is Not Acceptable)
1317 ML KING ST. So.
83
84 City ST. PETERSBURG FL 85 Zip Code 33705

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	P	1.1 TITLE	PRES.
NAME	ADDAQUAY, SYLVIA C	1.2 NAME	SYLVIA C. ADDAQUAY
STREET ADDRESS	1737 EVANS DR.	1.3 STREET ADDRESS	1317 ML KING ST. So.
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33705
TITLE	VP	2.1 TITLE	
NAME	KRAM, DENNIS M	2.2 NAME	
STREET ADDRESS	2823 SEVILLE BLVD. #208	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Sylvia C. Addaquay

CR2E034 (4/97)