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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90016 013 ***150.00

DOCUMENT #	P94000066592
Commence Management	1 0 100000000

1. Corporation Name

Principal Place of Business

AQUATIC TRENDS, INC.

3440 S. OCEAN #N502 PALM BEACH F		3440 S. OCEAN BLVD. #N502 PALM BEACH FL 33480			DO NOT WRITE IN T 3. Date incorporated or Qualifed 09/12/1994			
2. Principal P	lace of Business	2a. Mailing Address		1	4. FEI Number	<u> </u>	plied For	
21 649	N.S. HIGHWAY	26 649 US HIGH	NA.	<u> </u>	65-05 19455		t Applicable	
Suite, Apt.	#retc. Te 14	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State	Folm Beach , FLORIDA	City & State 28 NORTH PMM BRACE	i,FL	DRI DA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	- (
Zip	08 Country 25 U.S A	29 33408 30	Country U.S		This corporation owes the current year Personal Property Tax.	r Intangible □ Yes	KNo	
24 237	9. Name and Address of Current	1 27 	VIVA		10. Name and Address of New Register		<u> </u>	
	9. Name and Address of Current	Aggistered Agent	81	Name	10.71			
DEL	ABRY, COLETTE O		L					
	ROYAL PALM WAY SUITE 300		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
PALM BEACH FL 33480			83	 				
, , , ,				<u> </u>				
			84	City	J	FL 85 Zip C	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 a	nd title if applicable (NOTF: Ren	istered Age	nt signature reg	uired when reinstating) DATE			
12.	OFFICERS AND		13,	- Cagnotaro 104	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	PDS	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	VELINSKY, MILTOM	•	1.2 NAME					
STREET ADDRESS	3440 S OCEAN BLVD		1.3 STREE	T ADORESS				
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	2.1 TILE			Change	Addition	
NAME.			2.2 NAME	ł				
STREET ADDRESS	white a series of the series of		2.3 STREE	T ADDRESS		n	ر د م	
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	Addition	
NAME (3.2 NAME	ļ			-	

CITY-ST-ZIP 14. I 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.

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

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11

Rute Valid

SIGNATURE:

STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

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NAME

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NAME

521-844-3003

Change

☐ Change

Change

Addition

☐ Addition

Addition