FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000075235 (9)**

1. Corporation Name

LIQUID TECHNOLOGY CORPORATION

Principal Place of Business	Mailing Address
8015 VILLAGE GREEN RD ORLANDO FL 32818	8015 VILLAGE GREEN RD ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1994

3a. Date of Last Report: NOT APPLICABLE

2. Principal Place of Business
21 6325 N. ORANGE BLOSSOM TR.
Suite, Apt. #, etc.
22 SUITE 118
City & State
23 ORLANDO, FLORIDA
Zip 24 32810 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 "
City & State
28 "
Zip 29 " Country 30 SAME

4. FEI Number: 59-3279644 ☐ 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

9. Name and Address of Current Registered Agent

KAGRISE, COLLEEN
8015 VILLAGE GREEN RD
ORLANDO FL 32818

10. Name and Address of New Registered Agent

31 Name: COLLEEN KAGRISE
32 Street Address (P.O. Box Number is Not Acceptable): 8015 VILLAGE GREEN ROAD
33
34 City: ORLANDO FL 35 Zip Code: 32818

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT/TREASURER	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVE KAGRISE	1.2 NAME	
STREET ADDRESS	8015 VILLAGE GREEN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32818	1.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT/SECRETARY	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLEEN KAGRISE	2.2 NAME	
STREET ADDRESS	8015 VILLAGE GREEN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FLORIDA 32818	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dave Kagrise – DAVE KAGRISE 4/19/95 (407) 521-0405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000042 CP