SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P94000076954 (4) AQUATIC INTERIORS, INC. Principal Place of Business Mailing Address 816 SE 1ST ST. 816 SE 1ST ST. SUITE 2 SUITE 2 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Date Incorporated or Qualified 3a. Date of Last Report 10/17/1994 09/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 21 26 65-0529141 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζıρ Zio Country 8. This corporation has liab lity for intang-ble tax under s. 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ลา Name **WOOLDRIDGE, CHARLES W III** 10 SOUTHERN CROSS CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 # 103 83 **BOYNTON BEACH FL 33436** 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. CHARLES W. WOOLDRIDGE JE 7/22/96 SIGNATURE 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE Change \_\_\_\_ Add-tion **WOOLDRIDGE, CHARLES W III** NAME 1 2 NAME 10 SOUTHERN CROSS CIRCLE, # 103 STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33436** CITY - ST- ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change \_\_\_ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-SY-ZIP 2 4 CITY - \$1 - ZIP TITLE DELETE 3 1 THTLE Change Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS City-St-7iP 34 CITY-ST-ZIP THILE DELETE 4.1 TITLE Change Add tion NAME 4 2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - 7/P TITLE DELETE 5 1 TITLE Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST-ZIP TITLE DELETE 61TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Charles W. WOOLDEIDGE TO 100/10 561-251-542
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