SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Oct 01 1998 8:00am

Secretary of State

521-251-5422

alulas

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076954 (4)

AQUATIC INTERIORS, INC.

CITY-ST-ZIP

Principal Plac	e of Business	Mailing Address			88417 08114 00141 (88 10 01110 7010) 01471 0181 1761	
816 SE 1ST ST.		816 SE 1ST ST.	816 SE 1ST ST.			
SUITE 2		SUITE 2	SUITE 2		DITE BUTHO BOADE	
BOYNTON BEACH FL 33435		BOYNTON BEACH FL 3	BOYNTON BEACH FL 33435		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				10/17/1994	· ·	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
21		26		65-0529141	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate di Status Desired	Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has	. [7]	
24	25	[29]	30]	Personal Property Tax due J		
		Current Registered Agent	81 Nam	10. Name and Address of New		
	OLDRIDGE, CHARLES W III			WOOLDRIDGE, CHA	RLES W III	
10 SOUTHERN CROSS CIRCLE		Ł	82 Stre	et Address (P.O. Box Number is Not Accep	table)	
# 10			83	1445 D BW 25 A	VE	
BUT	INTON BEACH FL 33436		اما			
			84 City	BOYNTON BEACH	FL 85 Zip Code 33426	
11. Pursuan	t to the provisions of sections 6	07.0502 and 607.1508, Florida Stat	utes, the above-name	corporation submits this statement for the	purpose of changing its registered	
office or	registered agent, or both, in th	e State of Florida. Such change wa	is authorized by the co	rporation's board of directors. I hereby acc	ept the appointment as registered	
i agent i	am tamiliar with, and accept th	na obligations of, section 607,0505.	Fiorida Statutes.			
1	•	ne obligations of, section 607.0505,	Florida Statutes.			
SIGNATURE	Signature, typod or printed name of regis	stered agent and title if applicable	(NOTE: Registered Agent sign	alure required when reinstating)	DATE	
SIGNATURE	Signature, typod or printed name of regis	stered agent and title if applicable ERS AND DIRECTORS	(NOTE: Registered Agent sign		FFICERS AND DIRECTORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of regis OFFICE	elered egent and title if applicable ERS AND DIRECTORS	(NOTE: Registered Agent sign 13. 1.1 TITLE	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12	
SIGNATURE 12. TITLE NAME	Signature, typod or printed name of regis OFFICE D WOOLDRIDGE, CHARLES	entered epont and title if applicable ERS AND DIRECTORS DELETE S W III	(NOTE: Registered Agent sign 13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typod or printed name of regis OFFICE D WOOLDRIDGE, CHARLES 10 SOUTHERN CROSS (Stered agoni and title if applicable RS AND DIRECTORS DELETE S W III CIRCLE, # 103	(NOTE: Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES	WOOLDRIDGE, CHARS S 14450 5W35 AV	FFICERS AND DIRECTORS IN 12 Change Addition LES W IN	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of regis OFFICE D WOOLDRIDGE, CHARLES	S W III CIRCLE, # 103	(NOTE: Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12 Change Addition LES W III PL 33426	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typod or printed name of regis OFFICE D WOOLDRIDGE, CHARLES 10 SOUTHERN CROSS (Stered agoni and title if applicable RS AND DIRECTORS DELETE S W III CIRCLE, # 103	(NOTE: Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE	WOOLDRIDGE, CHARS S 14450 5W35 AV	FFICERS AND DIRECTORS IN 12 Change Addition LES W IN	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typod or printed name of regis OFFICE D WOOLDRIDGE, CHARLES 10 SOUTHERN CROSS (S W III CIRCLE, # 103	(NOTE: Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	MOOLDRIDGE, CHARS 1445D 5W35 AV BOUNTON BEACH,	FICERS AND DIRECTORS IN 12 Change Addition LES W III PL 33426	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typod or printed name of regis OFFICE D WOOLDRIDGE, CHARLES 10 SOUTHERN CROSS (S W III CIRCLE, # 103	(NOTE Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES	MOOLDRIDGE, CHARS 1445D 5W35 AV BOUNTON BEACH,	FICERS AND DIRECTORS IN 12 Change Addition LES W III PL 33426	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of regis OFFICE D WOOLDRIDGE, CHARLES 10 SOUTHERN CROSS (Series again and title if applicable ERS AND DIRECTORS DELETE S W III CIRCLE, # 103 3436	(NOTE: Registered Agent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRES 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRES 2.4 CITY-ST-ZIP	MOOLDRIDGE, CHARS 1445D 5W35 AV BOUNTON BEACH,	FICERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition	
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6.4 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 certify 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.