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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000076954**1. Corporation Name

AQUATIC INTERIORS, INC.

,,,,,,,,,	, 14, Elliono, 140					
Principal Place	e of Business	Mailing Address				. INDIA TILIN INIMI DIVIL AIRI IONI
816 SE 1ST ST. 816 SE 1ST ST.						
SUITE 2 SUITE 2					DO NOT WRITE IN THI	S SPACE
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435					3. Date Incorporated or Qualifed	301702
				•	10/17/1994	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0529141	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional
27					5, Certificate of Status Desired	Fee Required
City & State City & State				<u> </u>	6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In	
24	25		30		Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent
wor	OLDRIDGE, CHARLES W III		81	Name		
1445 D SW 25 AVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)	
# 103			83			
BOYNTON BCH FL 33426			63	Į		
DOTIVION DOT: FE 30420			84	City	F	85 Zip Code
			40.0 - 10.00		poration submits this statement for the purpose of	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such change was au	thorized by	the comorati	on's board of directors. I hereby accept the appe	ointment as registered
SIGNATURE					ed when reinstation) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				nt signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	,	DELETE	13.		ADDITIONS/CHANGES TO CITTLE NO.	Change Addition
TITLE	D DOOD DOOGE CHADLES WILL	beceig	1.2 NAME	1		<u> </u>
NAME	WOOLDRIDGE, CHARLES W III			TADORESS		,
STREET ADDRESS	The state of the s					
CITY-ST-ZIP	BUTNIUN BUH FL 33426	☐ DELETE	1.4 CITY-S 2.1 TITLE	1-211		Change Addition
TITLE			2.2 NAME			
NAME				TADORESS		
STREET ADDRESS	a distribution of		2.4 CITY-S		e la la estada e	₹- + .
CITY-ST-ZIP TITLE			3.1 TITLE			☐ Change ☐ Addition
		_	3.2 NAME			
NAME STREET ADDRESS				T ADDRESS		
			3.4. CITY-5			Ì
CITY-ST-ZIP	,	☐ DELETE	4.1 TITLE	-		☐ Change ☐ Addition
NAME			4. 2 NAME	1	·	
STREET ADDRESS	· . *		1	T ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-S			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME	ļ.		5.2 NAME			ł
STREET ADDRESS	(5.3 STREE	T ADDRESS		;
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		
	· 公安 年 1 年 2 年 1	☐ DELETE	6.1 TITLE			Change Addition
1	1 444 - 1 4 444 - 1 4 4		=	1		

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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS



FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90140 003 ***150.00