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PROFIT CORPORATION ANNUAL REPORT



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

19	196

DOCUMENT #

P94000082276 (4)

AQUA	ATIC CONNECTION, INC.								
Principal Place	of Business	Mailing Address					HI B BHH BB HDI	THEOLOGISCHE TH	811 19819 BIII 1881
11041 S.W. 13TH ST. PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 PEMBROKE PINES US					Date Incorporated or Qualified	The state of the s	of Last Re	7	
						11/09/1994	<u> </u>	04/11/19	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number 65-0532851		ļ	Applied For Not Applicable
Suite, Apt. #	e e la	Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired		Fee F	Required
City & State		—	City & State			6. Election Campaign Financing Trust Fund Contribution) May Be i to Fees
23 Zip	Country	Zip	Cour	itry		8. This corporation has liability for i	ntanoible ta		
24	25	29	30			Florida Statutes Yes			, , , , , , , , , , , , , , , , , , , ,
	9. Name and Address of Curre					10. Name and Address of New R	egistered A	Agent	
				81 Nan	ж				
GOLDI	MAN, GLENN		}	82 Stre	et Addres	SS (P.O. Box Number is Not Acceptab	le)		
	GLADES ROAD, SUITE 320				or 7 to di oc		-,		
BOCA	RATON FL 33434		[63					
			ŀ	84 City				85 Zip	Code
							<u> </u>	1 1	
11. Pursuant t	o the provisions of Sections 607.050)2 and 607.1508, Florida Statu	ites, the above	e-named	corporat	ion submits this statement for the pur of directors. I hereby accept the appo	pose of cha	inging its re	egistered office
familiar wit	h, and accept the obligations of, Sec	ction 607.0505, Florida Statute	S.	эгроганог	r s board	or sirectors. Thoroby decopit the appe	on array a cas	109/3/0/00	agorii. Tam
SIGNATURE _									
	Signature typed or printed name of registered age		OTE: Registered	Agent signatu	re required v		DATE AND	DIDECTO	DO IN 10
12. TITLE	DP	ND DIRECTORS	13. 1, 1 III	1) E		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	BARRIERE, GEORGE		1.2 NA		İ		-	_ ononge	
STREET ADDRESS	11041 S.W. 13TH ST.			reet addre:	25				
CITY-S1-ZIP	PEMBROKE PINES FL 33	125		Y-\$T-ZIP	~				
TITLE	V	DELETE	2 1 10					Change	☐ Addition
NAME	Cov F. Chorch	_	2.2 NA	ME					
STREET ADDRESS	1801 NW 88 WWY		2.3 ST	REET ADDRES	ss				
CITY-SY-ZIP	Guy E. Chorch 1801 NW. 88 Way Pembroke Pivies, 1	Florida 33024	24 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	3 1 Ti				[Change	☐ Addition
NAME			32 NA	ME					
STREET ADDRESS			3 3. SI	REET ADDRE	ss				
CITY - ST - ZIP			3.4 CIT	Y-ST-ZIP					
TITLE		☐ DELFTE	4. 1 TJ	ILE				Change	☐ Addition
NAME			4.2 NA	ME					
STREET ADDRESS			4.3 ST	REE1 ADDRE	ss				
CITY-ST-7IP				Y-\$T-ZIP	<u> </u>				
TITLE		☐ DELETE	5. 1 Ti				į.	Change	☐ Addition
NAME			5.2 NA						
STREET ADDRESS				ree1 addre	SS				
CITY-ST-ZIP		FIDUETE		Y-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
TITLE		☐ DELETE	6. 1 Ti				L	Change	☐ Addition
NAME			6.2 NA						
STREET ADDRESS				REET ADDRE	SS				
CITY-ST-ZIP			64 CF	Y-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 15 if changed, or on an attachment with an address.

SIGNATURE:

305.392.7505