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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000012046 (5)

AQUA ENGINEERING, INC.

NGON ENGIN	iccima, mo					I NAZAPRA NIA KININ KANIN BUNI BUNI BUNI BUNI BUNI KANIN KANIN BUNI BUNI BUNI BUNI BUNI BUNI BUNI B
Principal Place of Business		Mailing Addre	Mailing Address			
		•	·			
19006 1ST ST S.W. 3			PO BOX 1968 LUTZ FL 33549			
LUTZ FL 33549		US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
US						
2. Principal Place of 6	Business	28. Mailing Ad	dress			02/10/1995 4. FEI Number Applied For
21		26	<u></u>			59-3303187 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State		⊢ -¬ ¹	City & State			6. Election Campaign Financing \$5.00 May Be
Zip Country			Zip Country		,	Trust Fund Contribution Added to Fees
24 25		29	, ' '			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9, Name and Address of Curren						10. Name and Address of New Registered Agent
AFRICANO, POLIDORO					Name	
	LLY LAKE PLACE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)
LUTZ FL 3	33549					
				83		
				84	City	FL 85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registerer						
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						
Signature,	typed or ponted name of registered a				ont signature required	
12.	OFFICERS A	ND DIRECTORS	13. DELETE 1.1 7			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	ICANO, POLIDORO			IAME		Change Position
	07 HOLLY LAKE PLACE				ADDRESS	
	Z FL 33549			iTY-S		
TITLE	<u></u>		DELETE 2.1 T			Change Addition
NAME			2.2 N	IAME		
STREET ADDRESS			2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP			2. 4 City-St-ZiP		ST - ZIP	
TITLE		iJ	DELETE 3.1 T			Change Addilion
NAME			1	IAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		П	3.4 C DELETE 4.1 T	CITY-S	11- ZIP	Change Addition
NAME				NAME.		
STREET ADDRESS			i i		ADDRESS	
CITY-ST-ZIP				HTY-S		
TITLE			DELETE 5.1 T	ITLE		Change Addition
NAME			5.2 N	IAME		
STREET ADDRESS			5.3 5	TREET	ADDRESS	
CITY-ST-ZIP				ITY-S	1- 2IP	
TITLE		L.J	DELETE 6.1 T			☐ Change ☐ Addition
NAME			6.2 N		ADDOFOR	
STREET ADDRESS			4		ADDRESS	
CITY-ST-ZIP 14. I hereby certify th	at the information supplied	with this filing does n		empt		Section 119.07(3)(i), Florida Statules. 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 of 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.						