FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

5101 SION OF CORPORATIONS

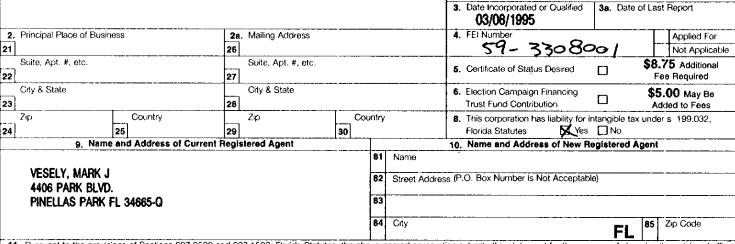
1996-1-46 B- 5104810

Corporation Name	1.90000010009	()
AQUATIC WONDERS.	INCORPORATED	

Principal Place of Business M.

4406 PARK BLVD. PINELLAS PARK FL 34665-O Mailing Address

4406 I	PARK	BLVU).	
PINEL	LAS F	ARK	FL	34665-0



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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

iamiliai wili	i, and accept the obligations of, section 607,0505, Flor	ida Statutes.					
SIGNATURE _	Signature, typed or printed name of registered agent and title if applicable.	(NOTE FA	egistered Agent signature re	equired when reinstating	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CH/	ANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
1mle	D 🗆	DELETE	1 1 TITLE			Change	☐ Addition
NAME	VESELY, MARK J		1.2 NAME				
STREET ADDRESS	1900 35TH STREET N.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33713		14 CiTY+S1-ZiP				
TITLE		DELETE	2 1 TITLE	SECHETANY	Treasuran	Change	Addition
NAME			2 2 NAME	GLATINE 1/	ARRIEN		,
STHEET ADDRESS			2.3 STREET ADDRESS	SECRETARY ELAINE U 2073 BURG CLEMAWATA	STOR MANUE		
CITY-ST-ZIP			24 CITY-ST-ZIP	CLEMAWATA	, K 3462	4	
T'TLE		DELETE	3. 1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3. STREET ADDRESS				
CITY - \$1 - 71P			3 4 CITY-ST-ZIP				
TITLE		DELETE	4. 1 TITLE			Chang:	Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY-ST-ZIP				
TITLE		DELETÉ	5. 1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-7IP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6. 1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 tustee 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.

SIGNATURE:

ELAINE VARNEY)

SIGNATURE AND TYPED OR PRINTED NAME OF AGAING OFFICER OR DIRECTOR

Cypul 25th, 1994 (8/3) 544-1893

R2E034 (12/95)