

PROFIT
CORPORATION
ANNUAL REPORT
•1997



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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # P95000070282

1. Corporation Name

AQUA AL DUE, INC.

Principal Place of Business

128 Adler Avenue
Altamonte Springs, FL 32714

Mailing Address

128 Adler Avenue
Altamonte Springs, FL 32714

3. Date Incorporated or Qualified
9-8-95

3a. Date of Last Report
3-22-96

2. Principal Place of Business

21 2223 Langley Circle

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL 32835

Zip

24 32835

Country

25 USA

2a. Mailing Address

26 2223 Langley Circle

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL 32835

Zip

29 32835

Country

30 USA

4. FEI Number

59-3341555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Spiros Allegretti
128 Adler Avenue
Altamonte Springs, FL 32714

10. Name and Address of New Registered Agent

81

Name

Ron Benfield

82

Street Address (P.O. Box Number is Not Acceptable)

2223 Langley Circle

83

84

City

Orlando,

FL

85

Zip Code

32835

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.

SIGNATURE

Ron Benfield

Ron Benfield

9/15/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/S/D ☐ DELETE
NAME CARDANI, SIMONETTA
STREET ADDRESS WYMORE GROVE APT. 104
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 21714

TITLE V/T/D ☒ DELETE
NAME ALLEGRETTI, SPIROS
STREET ADDRESS 128 ADLER AVENUE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE P/S/T/D ☒ Change ☐ Addition
2 NAME CARDANI, SIMONETTA
3 STREET ADDRESS 2221 POLO CLUB DRIVE, #207
4 CITY-ST-ZIP KISSIMMEE, FL 34741

2 TITLE ☐ Change ☐ Addition
3 NAME
4 STREET ADDRESS
5 CITY-ST-ZIP

3 TITLE ☐ Change ☐ Addition
4 NAME
5 STREET ADDRESS
6 CITY-ST-ZIP

4 TITLE ☐ Change ☐ Addition
5 NAME
6 STREET ADDRESS
7 CITY-ST-ZIP

5 TITLE ☐ Change ☐ Addition
6 NAME 100002298351
7 STREET ADDRESS -09/19/97--01090--037
8 CITY-ST-ZIP ***550.00

6 TITLE ☐ Change ☐ Addition
7 NAME
8 STREET ADDRESS
9 CITY-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 13 if changed, or on an attachment with an address.

SIGNATURE:

Simonetta Cardani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Simonetta Cardani, Pres.

Date

Daytime Phone #