

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000073532 (0)**  
1. Corporation Name

**AQUALAND, INC.**



Principal Place of Business: **1101 N.E. FIRST ST. FT. LAUDERDALE FL 33301**  
Mailing Address: **1101 N.E. FIRST ST. FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **09/22/1995**  
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **65-0609617**  
Applied For:  Not Applicable

21. Suite, Apt #, etc

26. Suite, Apt #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

23. Zip

Country

28. Zip

Country

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

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLUSTON, TODD W  
8211 W. BROWARD BLVD.  
SUITE 375  
PLANTATION FL 33324**

81. Name

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

83.

84. City

**FL**

85. Zip Code

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:

Signature type for printed name of registered agent (and title, if applicable)

(NOTE: Registered Agent signature required when re-activating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D**  DELETE  
NAME: **POCOCK, STUART**  
STREET ADDRESS: **1101 N.E. FIRST ST.**  
CITY - ST - ZIP: **FT. LAUDERDALE FL 33301**

TITLE: **D**  DELETE  
NAME: **POCOCK, SUSANA**  
STREET ADDRESS: **1101 N.E. FIRST ST.**  
CITY - ST - ZIP: **FT. LAUDERDALE FL 33301**

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

11. TITLE:  Change  Addition  
12. NAME:  
13. STREET ADDRESS:  
14. CITY - ST - ZIP:

21. TITLE:  Change  Addition  
22. NAME:  
23. STREET ADDRESS:  
24. CITY - ST - ZIP:

31. TITLE:  Change  Addition  
32. NAME:  
33. STREET ADDRESS:  
34. CITY - ST - ZIP:

41. TITLE:  Change  Addition  
42. NAME:  
43. STREET ADDRESS:  
44. CITY - ST - ZIP:

51. TITLE:  Change  Addition  
52. NAME:  
53. STREET ADDRESS:  
54. CITY - ST - ZIP:

61. TITLE:  Change  Addition  
62. NAME:  
63. STREET ADDRESS:  
64. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stuart Poccock*

**STUART POCOCK**

**7-10-96 (954) 7830469**

CR2E034 (3/96)