


5-12-97 B 6898 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000092282 (9) 1. Corporation Name AQUATIC WATER FEATURES, INC.			
Principal Place of Business 257 COUNTRYSIDE DRIVE NAPLES FL 33942		Mailing Address 257 COUNTRYSIDE DRIVE NAPLES FL 34104-6721	
2. Principal Place of Business 21 5601 YAHU. ST. UNIT #1 Suite, Apt. #, etc. 22 Suite #1 City & State 23 NAPLES FL. Zip 24 34109		2a. Mailing Address 26 5601 YAHU ST. Suite, Apt. #, etc. 27 Suite #1 City & State 28 NAPLES FL. Zip 29 34109 Country 30 Collins	
3. Date Incorporated or Qualified 12/05/1995		3a. Date of Last Report 06/24/1996	
4. FEI Number 65-0630407		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent KORNACKER, JOSEPH 257 COUNTRYSIDE DRIVE NAPLES FL 33942		10. Name and Address of New Registered Agent 81 Name KORNACKER, JOSEPH 82 Street Address (P.O. Box Number is Not Acceptable) 5601 YAHU ST. 83 Suite #1 84 City NAPLES 85 Zip Code FL 34109	
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 <i>Joseph A. Kornacker Pres</i> DATE 4/30/97 (NOTE: Registered Agent signature required when reinstating.)			
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME D KORNACKER, JOSEPH STREET ADDRESS 257 COUNTRYSIDE DRIVE CITY-ST-ZIP NAPLES FL 33942 TITLE <input checked="" type="checkbox"/> DELETE NAME D KORNACKER, KAREN STREET ADDRESS 257 COUNTRYSIDE DRIVE CITY-ST-ZIP NAPLES FL 33942 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME KORNACKER, JOSEPH 1.3 STREET ADDRESS 5601 YAHU ST. UNIT #1 1.4 CITY-ST-ZIP NAPLES FL 34109 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Joseph Kornacker Pres</i> DATE 4/30/97 941-498-8822 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



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