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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

- I HARRINGO ING ING KARAT BARAT BARAT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000023239 (2)** 

## AQUAVENTURE MARINE COMPANY

Principal Place of Business Mailing Address						( 1884 1864 116 19116 2114 2641 28414 2214 2014 1100 1114 1102 4119 1011 1051			
333 MADEIRA ( TIERRA VERDE		333 MADEIRA CIRCLE TIERRA VERDE FL 33715-	333 MADEIRA CIRCLE TIERRA VERDE FL 33715-1983						
						3. Date incorporated or Qualified 03/11/1996	3a. Date of La	st Report	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26	26				V-	Not Applicable	
Suite, Apt.	#. etc	Suite, Apt. #, etc.				Certificate of Status Desired			
City & State	0	City & State	City & State			Election Campaign Financing \$5.00 May Be			
23	13.00	28				Trust Fund Contribution	☐ Ado	led to Fees	
<b>Ζ</b> φ	Country	Zip	·	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	30		Florida Statutes Yes No  10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	ent Registered Agent		B1	Name	10. Name and Address of New He	Jisterea Agent	·	
	SELS, WILLIAM V JR		ľ	<u>" </u>	IVALLIE				
	MADEIRA CIRCLE RA VERDE FL 33715		6	32	Street Addres	dress (P.O. Box Number is Not Acceptable)			
	1 1		Ē	33					
			1	34 (	City		FL 85	Zip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the abo	ove-r	named corpo	ration submits this statement for the p		ng its registered	
office or r agent 1 a	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was gations of, Section 607.0505, P	authorizeti Iorida Statu	W	o corporatio	ration submits this statement for the p in's paid of directors I hereby accep	t the appointmen	t as registered	
	William V. CASSECS	Je PRES.	Z)W	U	nm []	anelin	1/15/9	7	
	Signature typical or priored name of registered a	,		Agent	signature required	Milen reinstating)	DATE	7000 111 10	
12.	UFFICERS A	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC		
NAME	CASSELS, WILLIAM V JR							de Ti voquon	
	333 MADEIRA CIRCLE		1.2 NAM		2000000				
STREET ADDRESS	TIERRA VERDE FL 33715		1.3 STR						
C(TY+ST+Z(P TrillE	S DELETE			1.4 CITY-ST-ZIP 2 1 TITLE			Char	age Addition	
NAME	CASSELS, KAREN L			2.2 NAME					
STREET ADDRESS: 1	333 MADEIRA CIRCLE		2.3 STREET ADDRESS		DORESS				
CITY - ST - ZIP	TIERRA VERDE FL 33715		2. 4 CITY-\$1-ZIP						
TILLE	8 🗆 0		3.1 TITLE		-=:		☐ Char	ge Addition	
NAME	SELDEN, RANDOLPH B	-	3.2 NAN				. —		
STREET ADDRESS	ALCO PERSONNELLE DO ADT ALC			3.3 STREET ADDRESS					
COTY+ST 7/P	CLEARWATER FL 34822		3.4 CIT						
TITLE		DELETE	4.1 TIT).		<del>'</del>		☐ Char	nge 🔲 Addition	
NAM:			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET AD	DORESS				
C(TY - ST - ZIP			4.4 CITY	Y-ST-	<b>2</b> 1P				
THEF		DELETE	5.1 TITL	E			Char	nge Addition	
NAME			5.2 NAM	AE.					
STREET ADDRESS			5.3 \$TR	EET AD	DORESS				
C(TY - S1 - 7)P			5.4 CITY		ZIP				
TIFLE		☐ OELETE	6.1 TrT L				☐ Char	nge 🔲 Addition	
NAME:			6.2 NAN						
STREET ADDRESS			6.3 STR	EET AD	DDRESS				

14. Too 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 addyles.

SIGNATURE: William Type or Printer AME of Floring OFFICER OR DIRECTOR