

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

FILED
May 04 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000029590 (2)**

1. Corporation Name

AQUA TECHNOLOGIES GROUP, INC.



| | |
|---|---|
| Principal Place of Business 5005 SUNSHINE STATE PARKWAY FEEDER RD FT. PIERCE FL 34951 | Mailing Address 5005 SUNSHINE STATE PARKWAY FEEDER RD FT. PIERCE FL 34951 |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1996

4. FEI Number

59-3397797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

| | |
|--|---|
| 2. Principal Place of Business 21 901 Casalino Road Suite, Apt. #, etc. | 2a. Mailing Address 26 5773 Deer Run Drive Suite, Apt. #, etc. |
| 22 City & State 23 Fort Pierce 24 Zip 34945 | 27 City & State 28 Fort Pierce 29 Zip 34951 |

9. Name and Address of Current Registered Agent

**HSIAO, SHYH-MIN
5005 SUNSHINE STREET PARKWAY
FEEDER ROAD
FT. PIERCE FL 34951**

10. Name and Address of New Registered Agent

81 Name

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

5773 Deer Run Drive

83

84 City **Fort Pierce**

FL

85 Zip Code **34951**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Sandra B. Mortham, Registered agent and president 4/24/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHYH-MIN, TOM H | |
| STREET ADDRESS | 8103 BALSAM DR. | |
| CITY-ST-ZIP | FT. PIERCE FL 34982 | |

| | | |
|----------------|------------------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | NEVID, NICHOLAS | |
| STREET ADDRESS | 4954 SPARKLING PINES CIRCLE | |
| CITY-ST-ZIP | FT PIERCE FL 34951 | |

| | | |
|----------------|-----------------------------------|--|
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | CALMAN, BRUCE G | |
| STREET ADDRESS | 4141 18TH ST BLDG 6, APT 8 | |
| CITY-ST-ZIP | VERO GBEACH FL 32980 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARRIS, CRAIG M | |
| STREET ADDRESS | 2106 SCENIC DRIVE | |
| CITY-ST-ZIP | BRANDON FL 39042 | |

| | | |
|----------------|--|---------------------------------|
| 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 | PDS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Shyh-Min, Tom Hsiao | |
| 1.3 STREET ADDRESS | 5773 Deer Run Drive | |
| 1.4 CITY-ST-ZIP | Fort Pierce, FL 34951 | |

| | | |
|--------------------|--|---|
| 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 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: *Sandra B. Mortham* President 4/24/98 (561) 465-8977

CR2E034 (10/97)