

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

FILED

Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000033939 (5)
1. Corporation Name
AQUAGEO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11 SEAGROVE DR ORMOND BCH FL 32176 US	Mailing Address PO BOX 3135 ORMOND BCH FL 32175 US
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3. Date Incorporated or Qualified
04/18/1996

2. Principal Place of Business 21 14 S. Sea Island Drive Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 Ormond Beach, FL	27 City & State 28
24 Zip 32176 Country U.S.	29 Zip Country

4. FEI Number **59-3373296**
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

9. Name and Address of Current Registered Agent
~~MINNETTE, BARBARA~~
~~11 SEAGROVE DR~~
ORMOND BCH FL 32176
Incorrect spelling of last name

10. Name and Address of New Registered Agent
81 Name **Barbara Minette**
82 Street Address (P.O. Box Number is Not Acceptable) **14 S. Sea Island Drive**
83
84 City **Ormond Beach, FL** 85 Zip Code **32176**

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 *Barbara Minette* / **Barbara Minette, President** **4-12-98**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	MINETTE, BARBARA J	
STREET ADDRESS	300 CROSSROAD LAKES DRIVE	
CITY-ST-ZIP	PONTE VEDRA FL 32082	
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		Change	Addition
1.1 TITLE	PSTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Barbara Minette		
1.3 STREET ADDRESS	14 S. Sea Island Drive		
1.4 CITY-ST-ZIP	Ormond Beach, FL 32176		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(l), 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.

CFR2E034 (10/97)