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

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	

DOCUMENT # **P96000087819**

1. Corporation Name
AQUABOTICS, INC.

Principal Place of Business	Mailing Address
135 MADEIRA ROAD ISLAMORADA FL 33036 US	135 MADEIRA ROAD ISLAMORADA FL 33036 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 84961 Old Hwy	26 84961 Old Hwy	**65-0701901**	Not Applicable
Suite, Apt. #, etc. 22 #8	Suite, Apt. #, etc. 27 #8	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Islamorada, FL	City & State 28 Islamorada, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 33036 Country 25 Monroe	Zip 29 33036 Country 30 Monroe	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEIDE, STEVEN J 135 MADEIRA ROAD ISLAMORADA FL 33036	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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE	PSTD	☒ Change	☐ Addition
NAME	HIEDE, STEVEN JOHN		1.2 NAME	Heide, Steven John		
STREET ADDRESS	135 MADEIRA ROAD		1.3 STREET ADDRESS	84961 Old Hwy #8		
CITY-ST-ZIP	ISLAMORADA FL		1.4 CITY-ST-ZIP	Islamorada, FL 33036		
TITLE		☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: _Steven Heide_   3/5/99   (305)664-5199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)