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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

P96000102266 (9) AQUA BIO TECHNOLOGIES OF THE PALM BEACHES, INC. Principal Place of Business Mailing Address 2755 S. FEDERAL HWY. 2755 S. FEDERAL HWY. SUITE 15 SUITE 15 DO NOT WRITE IN THIS SPACE **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 3. Date Incorporated or Qualified 12/18/1996 4. FEI Number 2, Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0712623 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BLAIN, DEBBIE L 2755 S. FEDERAL HWY. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 15 В3 **BOYNTON BEACH FL 33435** 84 City 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 the if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE Addition ō 1.1 TITLE TITLE NAME **BLAIN, DEBBIE L** 1.2 NAME STREET ADDRESS 2755 S. FEDERAL HWY. 1.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE HORN, RAYMOND 2.2 NAME NAME STREET ADDRESS 2755 S. FEDERAL HWY. 2.3 STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE ☐ Addition Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - 7IP 14. Thereby certify that the information supplied with this filling 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

SIGNATURE ADD LARM

Block 12 or Block 13 if changed, or on an attachnient with an address

FILED

May 20 1998 8:00am

Secretary of State