

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000008824

1. Entity Name

AQUAVISTA OF FORT LAUDERDALE, INC.



Principal Place of Business

4875 NORTH FEDERAL HIGHWAY
SEVENTH FLOOR
FT. LAUDERDALE, FL 33308

Mailing Address

4875 NORTH FEDERAL HIGHWAY
SEVENTH FLOOR
FT. LAUDERDALE, FL 33308



03142003 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0723898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HIGHWAY
SEVENTH FLOOR
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME FEISS, JOEL S
STREET ADDRESS 4875 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000161540
05/26/04-80003-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #