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May 18 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 # **P97000024262 (2)**

1. Corporation Name

AQUATIC SUBSURFACE INJECTION SYSTEMS, INC.

Principal Place of Business

P.O. BOX 1414
RUSKIN FL 33570

Mailing Address

P.O. BOX 1414
RUSKIN FL 33570



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business House		2a. Mailing Address 3941 24th ST SE		3. Date Incorporated or Qualified 03/18/1997	
Suite, Apt. #, etc. 3941 24th ST SE		Suite, Apt. #, etc.		4. FEI Number 59-3432421	
City & State RUSKIN, FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33570		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Hillsborough		29. Hillsborough		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATE CREATIONS
15210 AMBERLY DRIVE
SUITE 328
TAMPA FL 33647**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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	D	1.1 TITLE	Susan J. Anderson
NAME	ANDERSON, JAMES F	1.2 NAME	3941 24th ST SE
STREET ADDRESS	P.O. BOX 1414	1.3 STREET ADDRESS	RUSKIN, FL 33570
CITY-ST-ZIP	RUSKIN FL 33570	1.4 CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	Susan J Anderson	2.1 TITLE	James F. Anderson
NAME	3941 24th ST SE	2.2 NAME	3941 24th ST SE
STREET ADDRESS	RUSKIN FL 33570	2.3 STREET ADDRESS	RUSKIN, FL 33570
CITY-ST-ZIP	RUSKIN FL 33570	2.4 CITY-ST-ZIP	RUSKIN, FL 33570
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

SIGNATURE:

Susan J Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/98 813 645-5637

Date Daytime Phone # 0367065

CR2E034 (10/97)