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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 06, 1999 8:00 am Secretary of State

•	1999 🔏	DIVISION OF CO	RPORAT	IONS	05-06-1999 90053	012 ***150.0	0
DOCU	MENT # P9700	0024506			 		
Corporation		0024300					
TECHNO	HAQUA, INC.						
						ar ija (1811 augā) a liju i	
Principal Place of Business Mailing Address							
120 SOUTH ATLANTIC DRIVE EAST 120 SOUTH ATLANTIC DRIVE EAST							
BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435					DO NOT WRITE IN T	THIS SPACE	
į					3. Date Incorporated or Qualifed		
					03/13/1997		
2. Principal Place of Business 2a. Mailing Address					4. FÉI Number	⊢	plied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0745541	\$8.75 A	t Applicable
					5. Certifcate of Status Desired	Fee Re	
22 27					6, Election Campaign Financing	\$5.00	Mav Be
23 28					Trust Fund Contribution	Added to	
Zip			Country	•	8. This corporation owes the current year		
24	25 29 30				Personal Property Tax.		□No
<u> </u>	9. Name and Address of Cur	rent Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
FRANCOIS, MARIE J							
120 SOUTH ATLANTIC DRIVE EAST				Street Add	ress (P.O. Box Number is Not Acceptable)		
BOYNTON BEACH FL 33435							
				City		85 Zip C	`ode
8				'		FL '	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statutes,	, the above	e-named corporati	poration submits this statement for the purpos	e of changing its poointment as rec	registered gistered
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Florid	a Statutes	ine corporati	ion's board of directors. I hereby accept the a		,
SIGNATURE	Francois	Marie J.			ed when reinstating) DATI		
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	n signature requir	ad when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	<u> </u>		1.2 NAME	1			
STREET ADDRESS	120 000 1111110 011112 2 101		1.3 STREE	TADORESS			
CITY-ST-ZIP			1.4 CITY-S	T- ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME							
STREET ADDRESS	BOVITON BEACH EL COACE		2.3 STREE 2.4 CITY-5	TADORESS			
CITY-ST-ZIP TITLE			3.1 TITLE	31+ZIF		Change	Addition
NAME		_	3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE			4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS			ľ	T ADDRESS	•		
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		Change	Addition
TITLE NAME			5.2 NAME			TT evenide	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME		_	6.2 NAME				

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 trusteel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS