PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000043909

AQUATIC ROCKSCAPES INTERNATIONAL, INC.

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90036 048 ***150.00



Principal Place of Business Maiting Address 1078 SPERLING AVENUE 1078 SPERLING AVENUE NAPLES FL 34103 NAPLES FL 34103 DO NOT WRITE IN THIS SPACE 3. Date Ir corporated or Qualifed 05/14/1997 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 2380 White Blud 59-3494016 Not Applicable 26 \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 27 City & S ate City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Country Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Add ess of Current Registered Agent 81 Name BECKETT, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 82 1078 SPERLING AVENUE NAPLES FL 34103 Zip Code 3 4 (17 84 City 85 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 cirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTI: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. □ DELETE 1.1 TITLE TITLE BECKETT, MICHAEL D 1.2 NAME NAME 2380 White Blud 34117 1078 SPERLING AVE 1.3 STREET ADDRESS STREET ADDRE 35 NAPLES FL 34103 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITI F 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORE IS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filips 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 coath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachapter with an address, with all other like empowered.

SIGNATI RE AND TYPED OR I PINTED NAME OF SIGNING OFFICE

CR2E034 (11/98)