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PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P97000072375 (3)

DOCUMENT # AQUATECH INTERNATIONAL FISHERIES INC.

FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 441A. UNIT 1. SKYWAY DRIVE 441A. UNIT 1. SKYWAY DRIVE **EDGEWATER FL 32132 EDGEWATER FL 32132** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1997 Principal Place of Business Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$6.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 25 30 29 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 OWELL, DHARLES R 441A, **O**NIT 1, SKYWAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER FL 32132** SHOULD READ: В3 POWELL 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 fit e if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change TITLE CHARLES R. POWELL 1.2 NAME CR2E034 NAME YHIR ONIT I SKYWAY DRIVE 1.3 STREET ADDRESS STREET ADDRESS EDEBUATER FL 32132 CITY-ST-ZIP 1.4 C(1 Y - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-7IP Change Addition ☐ DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 suppliemental 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

4-9-98