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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

P97000078024 (1) DOCUMENT #

AQUATECHNICS MANUFACTURING, INC.

FILED May 08 1998 8:00am Secretary of State



Frincipal Flace of Business		Mailing Address			
3888 N. PONCE DE LEON BLVD. St. AUGUSTINE FL 32085		3888 N. PONCE DE LEON BLVD. ST. AUGUSTINE FL 32095			
				DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified	ļ
e Principal D	face of Business			09/08/1997	
	lace of business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26			Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		[27]			Fee Required
23		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	1 Countries	28	1 62 4	Trust Fund Contribution	Added to Fees
├	Country	Zip	Country	8. This corporation owes or has paid the	
24 32084	* 1281 25 i/S p. Name and Address of Cu	29 32084 - 1281	30 05	Personal Property Tax due June 30.	☐ Yes 🔀 No
		rrent Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
I a compared separet					
3888 N. PONCE DE LEON BLVD.				Idress (P.D. Box Number is Not Acceptable)	
ST.	. AUGUSTINE FL 32095		4	dress (P.D. Box Number is Not Acceptable)	
			83		
			84 City		Top I 7's Code
			B4 City		FL 85 Zip Code 32086
11, Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	es, the above-named co	prporation submits this statement for the purpo	se of changing its registered
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.					
	The time that it is a doctor, the c	ongaliono on, obolion obritosoo, ric	onda Otatolos.		
SIGNATURE	Signature, typed or printed name of registere	d agent and ble if applicable (NOTI	E Registered Agent signature rec	quired when reinstating)	JF I
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	FALKNER, KEMP		1.2 NAME		
STREET ADORESS	3888 N. PONCE DE LEON	i BLVD.	1.3 STREET ADDRESS	127 Camelia Tasil	
CITY-ST-ZIP	ST. AUGUSTINE FL 3209	5	1.4 CITY-ST-ZIP	-	32086
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		C Sugargo C Sugardan
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
1		- Otter			☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STAEET ADDRESS		
CITY-ST-ZIP		- OFFERS	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP					
Ull1-31-ZIF			6.4 CITY-ST-ZIP		

I nereby 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:

Amil /29/1998 (904) 829-2922