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

**PROFIT** CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90150 032 \*\*\*150.00 **Katherine Harris**

| 1999       | 311          |
|------------|--------------|
| DOCUMENT # | P98000005640 |

1. Corporation Name H3O, INC.

| Principal Place  | Place of Business Mailing Address             |                               |                   |                         | · · · I (BB)(BB) tin inini takt natit askit askit askit antit ange nitit atak sak tahi |   |
|--|---|-------------------------------|-------------------|-------------------------|--|---|
| 128 OCEAN BLVD GOLDEN BEACH FL 33160  128 OCEAN BLVD GOLDEN BEACH FL 33160 |   |                               |                   |                         | DO NOT WRITE IN THIS SPACE   |   |
|  |   |                               |                   |                         |  | 3; Date Incorporated or Qualifed 01/16/1998                                   |
| 2 Principal D  | ace of Business                               | 2a. Mailing                   | Address           |                         |  | 4. FEI Number Applied For   |
| 21   | lace of Business                              | 26                            | alling Address    |                         |  | Not Applicable  |
| Suite, Apt.  | #. etc.                                       |                               | Apt. #, etc.      |                         |  | \$8.75 Additional   |
| 22   | ,   | 27                            | •                 |                         |  | 5. Certificate of Status Desired Fee Required                                 |
| City & Stat  | e   | City &                        | State             |                         |  | 6. Election Campaign Financing \$5.00 May Be                                  |
| 23   |   | 28                            |                   |                         |  | Trust Fund Contribution Added to Fees   |
| Zip  | Country                                       | Zip                           | Coun              |                         |  | 8. This corporation owes the current year Intangible                          |
| 24   | 25  | 29                            | 30                | <u></u>                 |  | Personal Property Tax.  |
|  | 9. Name and Address of Cur                    | rent Registered A             | gent              | 0.4                     | Nama   | 10. Name and Address of New Registered Agent                                  |
| HAR  | RISON, MARTIN                                 |                               |                   | 81                      | Name   | RAAL MI VACTI   |
|  | OCEAN BLVD                                    |                               |                   | 82                      | Street A   | Address (P.O. Box Number is Not Acceptable)                                   |
|  | DEN BEACH FL 33160                            |                               |                   | 83                      | 36   | 75 SW 24th VTHENT   |
|  |   |                               |                   | "                       | M  | IAMI FI   |
|  |   |                               |                   | 84                      | City   | FL 85 Zip Code  |
| 44 Duramont  | to the provisions of Sections 607 (           | 2602 and 607 1509             | Elorida Statutae  | the above               | a-named c  | corporation submits this statement for the nurpose of changing its registered |
| office or r  | egistered agent, or both, in the Sta          | ate of Florida. Such          | n change was auth | orized by               | the corpor   | oration's board of directors. I hereby accept the appointment as registered   |
| agent. I a   | m familiar with, and accept the obl           | igalians of Section           | 607.0505, Florida | Statutės                |  |   |
| SIGNATURE  | Signature Apped or printed name of registered | agent and title if applicable | NOTE: Re          | gistered Ager           | nt signature re  | equired when reinstating) DATE  |
| 12.  |   | AND DIRECTORS                 |                   | 13.                     | n aignbiara rei  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                             |
| TITLE  | D   |                               | ☐ DELETE          | 1.1 TITLE               |  | Change Addition   |
| NAME   | HARRISON, MARTIN                              |                               | in a state        | 1.2 NAME                |  |   |
| STREET ADDRESS   | 6917 ALTAMIRA STREET                          | 1865NE                        | 16300 ST          | 1.3 STREE               | TADDRESS   |   |
| CITY-ST-ZIP  | CORAL GABLES FL 33146                         | N. MIAM                       | BCH, FL           | 1.4 CITY-S              | T-ZIP  |   |
| TITLE  |   | 53160                         | ☐ DELETE          | 2.1 TITLE               |  | ☐ Change ☐ Addition   |
| NAME   |   |                               |                   | 2.2 NAME                |  |   |
| STREET ADDRESS   |   |                               |                   | 2.3 STREE               | T ADDRESS  |   |
| CITY-ST-ZIP  |   |                               |                   | 2.4 CITY-5              | T-ZIP  | ,   |
| TITLE  |   |                               | ☐ DELETE          | 3.1 TITLE               |  | Change Addition   |
| NAME   |   |                               |                   | 3.2 NAME                |  |   |
| STREET ADDRESS   |   |                               |                   | 3.3 STREE               | T ADDRESS  |   |
| CITY-ST-ZIP  |   |                               |                   | 3.4. CITY-S             | IT-ZIP   |   |
| TITLE  |   |                               | ☐ DELETE          | 4.1 TITLE               | 1  | ☐ Change ☐ Addition   |
| NAME   |   |                               |                   | 4. 2 NAME               | 1  |   |
| STREET ADDRESS   |   |                               |                   | 4.3 STREE               | T ADDRESS  | ·   |
| CITY-ST-ZIP  |   |                               | □ pereze          | 4.4 CITY-S              | T-ZIP  | Change Cladding   |
| TITLE  |   |                               | ☐ DELETE          | 5.1 TITLE               |  | Change Addition   |
| NAME   |   |                               |                   | 5.2 NAME                | TADORESS   |   |
| STREET ADDRESS   |   |                               |                   |                         | 1  |   |
| CITY-ST-ZIP  |   |                               | □ nciere          | 5.4 CITY-S<br>6.1 TITLE | 1-211  | ☐ Change ☐ Addition   |
| TITLE  |   |                               | ☐ DELETE          | 6.2 NAME                | 1  |   |
| NAME   |   |                               |                   |                         | . ADDD500  | 1   |
| STREET ADDRESS   |   |                               |                   | 0.3 STREE               | TADDRESS   |   |

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP