

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000035048**
Corporation Name

AQUAWORLD OF KEY WEST, INC.

00 JAN 18 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

KEY PLAZA #222
KEY WEST FL 33040

Mailing Address

1107 KEY PLAZA #222
KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

Principal Place of Business

5120 Hwy 451
Suite, Apt. #, etc.

2a. Mailing Address

26 1107 Key Plaza
Suite, Apt. #, etc.
27 222

City & State

Key West, Fla

Zip Country

33040 25 USA

City & State

28 Key West, Fla

Zip Country

29 33040 30 USA

3. Date Incorporated or Qualified

04/16/1998

4. FEI Number

65-0850290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOCIS, STEVEN
1107 KEY PLAZA #222
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

I, 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-00

12. OFFICERS AND DIRECTORS

1. President ☐ DELETE

ME Steven Kocis
REET ADDRESS 1107 Key Plaza #222
Y-ST-ZIP Key West, Fla 33040

2. V. President ☐ DELETE

ME Donella Kocis
REET ADDRESS 1107 Key Plaza #175
Y-ST-ZIP Key West, Fla 33040

3. ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

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Y-ST-ZIP ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

ME ☐ DELETE

REET ADDRESS ☐ DELETE

Y-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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2.1 TITLE

****900.00 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

Signature and typed or printed name of signing officer or director
President +
Chairman of Board Div 1-5-00 305 292-3300

CR2E034 (5/99)