## SECOND 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

## FILED Aug 05, 1999 8:00 am Secretary of State

08-05-1999 90011 015 \*\*\*550.00

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DOCU 1. Corporatio	MENT #	P98000045646

CANE AQUATICS, INC.

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Principal Place	of Business		Mailing Address									
%RANDY ABLE			%RANDY ABLEMAN									
NO. 1 HURRICAN DRIVE CORAL GABLES FL-33146		NO. 1 HURRICAN DRIVE				DO NOT WRITE IN THIS SPACE						
CONAL GABLE	5 PL-33146 ~		CORAL GABLES FL 3314	• .			3. Date Incorporated or Qualifie		OF AOL			1
							05/20/1998					
2. Principal Pl	ace of Busine	ess	2a. Mailing Address		A	A	4. FEI Number	a.		Applied	For	1
21		•	26 15020 B	W 81	ر (د	Ave	65-0839968	3		Not Ap	plicable	1
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			<b>75</b> Addit e Requir		
City & State		City & State			6. Election Campaign Financing	, ,	\$5.	<b>00</b> May	Ве			
23		28 MIAMI, FZ.				Trust Fund Contribution Added to Fees						
Zip		Country	Zip	Cou	intry		8. This corporation owes the cu	rrent year _	_	-		
24	[:	25	29 33158-	29 3315B- 30 US			Intangible Personal Property	L	Yes	No.		1
	9. Name	and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent			1
					81 1	Vame						}
ableman, randy No. 1 Hurricane Drive				82 5	Street Addre	ss (P.O. Box Number is Not Accep	table)					
		S FL 33146			83							1
	•				84 (	City	<del></del>		85	Zip Code		1
					1	•		FL	1 L			
office or r	registered ag	ent or both in the State o	and 607.1508, Florida Statut of Florida. Such change was tions of, section 607.0505, Fl	authorize	d by the	med corpora e corporation	ation submits this statement for the n's board of directors. I hereby acc	purpose of che pt the appoir	anging i ntment a	ts registe is registe	red red	
												1
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable. (N	OTE: Registe	ered Ageni	t signature requir	red when reinstating)	DATE				Ja
12.		OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIRE			(5/00)
TITLE	SPD		DELETE	1.1 TI	TLE	VE			Cha	nge 🔀	Addition	1
NAME	ableman	i, randy		1.2 N	AME	JAF	MES SWEENEY					E034
STREET ADDRESS NO. 1 HURRICANE DRIVE			1.3 \$77		DRESS   10	DOLI SW 77THCT.				100		
STREET ADORESS	NO. 1 HU	JRRICANE DRIVE		1.3 S	INCETADE	I	061 213 11-01					1 0
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			☐ DELETE		ITY-ST-Z <u>i</u> F	· Mi	IAMI, E. 3	3156	Cha	nge 🔲	Addition	0
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CITY-ST-ZIP TITLE NAME			DELETE	1.4 CI 2.1 TI 2.2 No 2.3 ST	ity-st-z <u>if</u> Itle Ame	DRESS	IAMI, E. 3	3156	Cha	nge 🗌	Addition	
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14. 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 copporation 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 chapted, or on an attachment with an address.

6.4 CiTY-ST-ZIP

1305-284-3639