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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCOCO 2437

May 03, 1999 8:00 am Secretary of State

05-03-1999 90068 039 ***150.00

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MARINE LIFE AQUATICS, INC.										
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OCALA FL 34479 OCALA FL 34479)	DO NOT WRITE IN THIS SPACE			
	•								HIS STACE	
						•		3. Date Incorporated or Qualifed		
<u> </u>	2. Principal Place of Business 2a. Mailing Address							07/13/1998 4. FEI Number		pplied For
	2. Principal Place of Business			<u> </u>				59-3522838	 	ot Applicable
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.						Additional	
22 27				oute, Apt. #, dic.				5. Certifcate of Status Desired		Required
City & State City & State				City & State				6. Election Campaign Financing	\$5.00	May Be
23 28 28							-	Trust Fund Contribution		to Fees
Zip		Country	150,	Zip	Coun	try		8. This corporation owes the current year	Intangible	
24		25	29		30			Personal Property Tax	Yes	□No
	9. Name	and Address of Curre	ent Regis	tered Agent				10. Name and Address of New Register	ed Agent	{
					1	31 Name				1
VERAS, CARLOS					la la	82 Street Address (P.O. Box Number is Not Acceptable)				
916 SE 24TH ST				L						
OCALA FL 34471					1	33				ł
					ļ.	34 City			. 85 Zip	Code
						'				
11. Pursuant	to the provis	sions of Sections 607.05	502 and 6	07.1508, Florida Statut	es, the about	ove-named on	corpora	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	e of changing it poointment as r	s registered egistered
agent, I a	registered ag ım familiar w	ith, and accept the obliq	gations of,	, Section 607.0505, Flo	rida Statut	es.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 000.0 0, 0,00.0.0		
SIGNATURE		·								\
	Signature, typed	or printed name of registered a	gent and title	if applicable /NOTE	· Registered &	gent signature re	equired w	then reinstating) DATE		
12.		ACCIOCAA I	ND DIOC	<u> </u>		· · · · · · · · · · · · · · · · · · ·		,		ORS IN 12
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14. 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, with all other like empowered.

SIGNATURE:

352-8625503