PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000064468

AQUARIUS LIFT SYSTEMS, INC.

Principal Pla	lace of Business	Mailing Address				•
136 PRIMO DRIVE POST OFFICE BOX 2656 FT. MYERS FL 33931 FT. MYERS BEACH FL 3393			132		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 07/20/1998	
2. Principal	I Place of Business	2a. Mailing Address			4. FEI Number Applied F	
21		26			Not Applic	
Suite, Apt. #, etc. 22					5. Certificate of Status Desired \$8.75 Addition Fee Required	
					6. Election Campaign Financing Trust Fund Contribution \$5.00 May B. Added to Fees	
Zip	Country	Zip	30 Cou	ntry		- ~ -
<u>64</u>	9. Name and Address of Cu				10. Name and Address of New Registered Agent	
				81 Nam	0	ا . ا
SEAL, TODD 136 PRIMO DRIVE				82 Stree	t Address (P.O. Box Number Is Not Acceptable)	
FT. MYERS FL 33931			83			
				84 City	85 Zip Code	
) } ~	d corporation submits this statement for the purpose of changing its registered	
SIGNATURE Signature, typed or principal name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS			Registered	Agent signatur	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	DRESIDENT	DIRECTOR DELETE	1,1 111	īLE		Addition
			1.2 N	2 NAME		
STREET ADDRESS /36 PRIMO DR. CITY-ST-ZP FT- MYERS BEACH FL. 33931					!	1
CITY-ST-ZP FT. MYERS BEACH, FL. 33931			1,3 ST	REET ADDRES	s /	
CHILOTEE	1 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	REACH, FL. 33931		REET ADDRES	s	
TITLE	1 12 12 11 1 EK 3 1	BEACH, FL. 33931		TY-ST-ZIP		Addition
TITLE	FETTIYERS L	BEACH, FL. 33931	1.4 CT	IY-ST-ZIP TLE		Addition (
TITLE NAME STREET ADDRE		BEACH, FL. 33931	1.4 CT 2.1 TT 2.2 N/	IY-ST-ZIP TLE	Change A	Addition
NAME STREET ADDRE		BEACH, FL. 33931	1.4 CT 2.1 TM 2.2 N/ 2.3 ST	IY-ST-ZIP TLE WAE	S Change A	
NAME		BEACH, FL. 33931	1.4 CT 2.1 TM 2.2 N/ 2.3 ST	TY-ST-ZIP TLE WAE REET ADDRES TY-ST-ZIP	S Change A	Addition .
NAME STREET ADDRE		DELETE	1.4 CT 2.1 TM 22 NA 23 ST 2.4 CI	TY-ST-ZIP TLE WAE REET ADDRES TY-ST-ZIP TLE	S Change A	
NAME STREET ADDRE CITY-ST-ZIP TITLE	ESS	DELETE	1.4 CT 2.1 TM 2.2 N/ 2.3 ST 2.4 CD 3.1 TM 3.2 N/	TY-ST-ZIP TLE WAE REET ADDRES TY-ST-ZIP TLE	S Change A	
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NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	ESS	DELETE	1.4 CT 21 TM 22 NA 23 ST 2 4 CD 3.1 TW 3.2 NA 33 ST 34 . CD 4.1 TM 4.1 TM 2.1 T	TY-ST-ZIP TILE WAE REET ADDRES TTY-ST-ZIP TILE TTY-ST-ZIP TILE TTY-ST-ZIP TILE TILE TILE TILE TILE TILE TILE TILE	S Change A	
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NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	ESS	DELETE	1.4 CT 2.1 TM 2.2 NA 2.3 ST 2.4 CC 3.1 TW 3.2 NA 3.3 ST 3.4 .CC 4.1 TM 4.2 NA 4.3 ST 4.3 ST 4.4 ST 4	IY. ST. ZIP ILE ME REET ADDRES ITY. ST. ZIP ILE MRE REET ADDRES TY. ST. ZIP ILE AME REET ADDRES	Change A	ddition
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6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. Thereby 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.

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90195 034 ***158.75

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