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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000079330

1. Corporation Name

AQUA ABS, INC.

Principal.	Place	of Business	

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

6530-1 CAPE HATTERAS WAY NE ST PETERSBURG FL 33702

2. Principal Place of Business

25

ST PETERSBURG FL 33702

Suite, Apt. #, etc.

City & State

21

22

23

24

6530-1 CAPE HATTERAS WAY NE ST PETERSBURG FL 33702

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90131 031 \*\*\*150.00

	DO NOT WRIT	TE IN TH	IIS SPACE
3.	Date Incorporated or Qualifed		
	09/08/1998		/
4.	FEI Number		Applied For
			Not Applicable
5.	Certifcate of Status Desired		\$8.75 Additional Fee Required
F	Election Campaign Financing		\$5 00 May Be

Added to Fees

**≥**No

9. Name and Address of Current Registered Agent BERGER, TODD 810 63 AVE N

26

27

28

29

Zip

	10. Name and Address of New Registered Agent					
31	Name					
32	Street Address (P.O. Box Number is Not Acceptable)					
33						
34	City FL	85	Zip Code			

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

11. 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.

Country

30

	Signature, typed or primate name or registered agent and the mappingaries. (ACTE: 178)	gistored Agent signater to	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P/s/T/D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	P/S/T/D DELETE  RICHARD TELLONE  6530-1 CAPE NATHENSWAY NE  ST. PETEKS DRE, FL 33702	1.2 NAME	
STREET ADDRESS	6930-1 CAPE NATHERSOUTT NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERS TRES FL 33702	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETÉ	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY OF 71D		6.4 C(TY-ST-Z)P	

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 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 erran attachment with an address, with all other like empowered.

SIGNATURE: