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

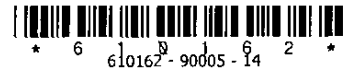| PROFIT CORPORATION ANNUAL REPORT **1999** | FLORIDA DEPARTMENT OF STATE<br>**Katherine Harris**<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|

**DOCUMENT #** P 98000082041

**1. Corporation Name**

Aqua Farms Enterprises, Inc.

* 6  610162 - 90005 - 14  2 *

**Principal Place of Business**      **Mailing Address**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**
September 1998

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
|---|---|---|---|
| [21] 485 Minuteman Cswy | [26] 1001 Bali Road | 59-3534923 | Not Applicable |

| Suite, Apt. #, etc. [22] | Suite, Apt. #, etc. [27] | **5. Certificate of Status Desired** ☐ | **$8.75** Additional Fee Required |
|---|---|---|---|

| City & State [23] Cocoa Beach, FL | City & State [28] Cocoa Beach, FL | **6. Election Campaign Financing** Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
|---|---|---|---|

| Zip [24] 32931 | Country [25] Brevard | Zip [29] 32931 | Country [30] Brevard | 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes [X] No |
|---|---|---|---|---|

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| | [81] Name |
| Andrew Cooper<br>1001 Bali Road<br>Cocoa Beach, FL 32931 | [82] Street Address (P.O. Box Number is Not Acceptable)<br>[83]<br>[84] City        **FL** [85] Zip Code |

**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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.     (NOTE: Registered Agent signature required when reinstating)     DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ☐ DELETE | 1.1 TITLE | President | ☐ Change [X] Addition |
| NAME | | 1.2 NAME | Andrew Cooper | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 1001 Bali Road | |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | Cocoa Beach, FL 32931 | |
| TITLE | ☐ DELETE | 2.1 TITLE | Vice President | ☐ Change [X] Addition |
| NAME | | 2.2 NAME | Everett C. Cooper, Jr. | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 233 S. Atlantic Ave | |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | Cocoa Beach, FL 32931 | |
| TITLE | ☐ DELETE | 3.1 TITLE | Treasurer | ☐ Change [X] Addition |
| NAME | | 3.2 NAME | Victoria Cooper | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 1001 Bali Road | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | Cocoa Beach, FL 32931 | |
| 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 | 5.1 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 - ST - ZIP | | 6.4 CITY - ST - ZIP | | |

**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 on an attachment with an address, with all other like empowered.

SIGNATURE: _Victoria B Cooper_     8/23/99     407-7834234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #

STF FL32381F.1