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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000101431

1. Corporation Name

## FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90085 015 \*\*\*150.00

SPA AQU	IA SANTA, INC.	Mailing Address					
272 E. BOCA RA		272 E. BOCA RATON BLVD.					
BOCA RATON FI		BOCA RATON FL 33432-4063		BO NOT WOITE	N THE CRACE		
				3. Date Incorporated or Qualifed	N THIS SPACE	= + * *	
		·					
2. Princibal D	llogo of Ruciness	2a. Mailing Address		12/01/1998 4. FEI Number - 572 - 51/1	Apr	lied For	
和-4	ece of Business 2nd Ave	26 272 E. BOG	PATON PD	65-0882241	Not	Applicable	
Suite, Apt.	#, etc. N/A	Suite, Apt. #, etc.		5. Certificate of Status Desired .			
City & Stat	19 1 7	City & State	، سو	6. Election Campaign Financing	\$5.00	May Be	
23 /10/10	andale tL	28 BOCAHATON	Country	Trust Fund Contribution	Added to	Fees	
24 3300	)G [25] COUPLING	29 333432 30	¬ {\(\alpha\).	<ol> <li>This corporation owes the current Personal Property Tax.</li> </ol>		□No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Regi	stered Agent		
			81 Name	IDA MARI			
MARI,			82 Street A	ddress (P.O. Box Number is Not Acceptable	)		
	E. BOCA RATON BLVD.				<u> </u>		
BOCA	4 RATON FL 33432-4063		83				
			84 City		85 Zip C	ode	
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office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was autr tions of, Section 607.0505, Florida	norized by the corpor la Statutes.	orporation submits this statement for the pur ration's board of directors. I hereby accept th	pose of changing its in a population of changing its in a population of changing its income	egistered istered	<del></del>
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14. I hereby certify that the information supplied with this filling 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:

SIGNATUE!

MACINE OF DIRECTOR

1-28-99 56 Z

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