

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S04928 1. Corporation Name AQUAGENIX LAND-WATER TECHNOLOGIES, INC.		99 JUN -7 AM 11:09 SECRET TALLAH. STATE FLORIDA	
Principal Place of Business 6500 NW 15 Avenue Ft. Lauderdale, FL 33309		Mailing Address 6500 NW 15 Avenue Ft. Lauderdale, FL 33309	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent Dean D. Marotta 6500 NW 15 Avenue Ft. Lauderdale, FL 33309		10. Name and Address of New Registered Agent 81 Name Russell Thompson 82 Street Address (P.O. Box Number is Not Acceptable) 6500 NW 15 Avenue 83 84 City Ft. Lauderdale, FL 85 Zip Code 33309	
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: <i>[Signature]</i> DATE: 6/3/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 11 TITLE D 12 NAME Andrew Chesler 13 STREET ADDRESS 9902 NW 60 Place 14 CITY-ST-ZIP Parkland, FL 15 TITLE P 16 NAME John P. Hart 17 STREET ADDRESS 6500 NW 15 Avenue 18 CITY-ST-ZIP Ft. Lauderdale, FL 33309 19 TITLE T/S 20 NAME Dean D. Marotta 21 STREET ADDRESS 6500 NW 15 Avenue 22 CITY-ST-ZIP Ft. Lauderdale, FL 33309 23 TITLE [] DELETE 24 NAME [] DELETE 25 STREET ADDRESS [] DELETE 26 CITY-ST-ZIP [] DELETE 27 TITLE [] DELETE 28 NAME [] DELETE 29 STREET ADDRESS [] DELETE 30 CITY-ST-ZIP [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE P/D 12 NAME Russell Thompson 13 STREET ADDRESS 6500 NW 15 Avenue 14 CITY-ST-ZIP Ft. Lauderdale, FL 33309 15 TITLE CFO/S/T 16 NAME Peter LeMay 17 STREET ADDRESS 6500 NW 15 Avenue 18 CITY-ST-ZIP Ft. Lauderdale, FL 33309 19 TITLE [] Change [] Addition 20 NAME [] Change [] Addition 21 STREET ADDRESS [] Change [] Addition 22 CITY-ST-ZIP [] Change [] Addition 23 TITLE [] Change [] Addition 24 NAME [] Change [] Addition 25 STREET ADDRESS [] Change [] Addition 26 CITY-ST-ZIP [] Change [] Addition 27 TITLE [] Change [] Addition 28 NAME [] Change [] Addition 29 STREET ADDRESS [] Change [] Addition 30 CITY-ST-ZIP [] Change [] Addition	
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:

Russell Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/99

(954) 969-8000

Date

Daytime Phone