

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S49098** (4)

1. Corporation Name

AQUA MARKETING SERVICES, INC.



Principal Place of Business

Mailing Address

**RON LIM P.C.
113 S. DEERWOOD AVENUE
ORLANDO FL 32825**

**RON LIM P.C.
113 S. DEERWOOD AVENUE
ORLANDO FL 32825**

3. Date Incorporated or Qualified
04/29/1991

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FET Number
59-3067551

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIM, RON, P.C.
113 S. DEERWOOD AVENUE
ORLANDO FL 32825**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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, type or printed name of registered agent and the applicable date.

(NOTE: Registered Agent Signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LIM, RON PENG**
CITY-ST-ZIP **113 S. DEERWOOD AVE.
ORLANDO FL 32828**

11 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

12 NAME

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13 STREET ADDRESS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

25 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3), 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 6 and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

Florida Statutes, I have the legal effect as if made under oath, and Florida Statutes, and

SIGNATURE:

Lim Peng PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96

407-380-0603

CR2E034 (3/96)