## 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 # **S94080**

Principal Place of Business	Mailing Address
220 BUSINESS PARK WAY	220 BUSINESS PARK WAY
ROYAL PALM BEACH FL 33411	ROYAL PALM BEACH FL 33411

## Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90041 011 \*\*\*150.00

AQUA PI	RODUCTS INTERNATIONAL,	INC.								
Principal Place	e of Business	Mailing Address	_				I ILDIŞDIR IID IDIKL BIRKI MUIRI		II BABIA BABIA BIBIA	ALBEIT BEGET 1981
220 BUSINESS PARK WAY ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411				411			DO NOT WE	RITE IN 3 H	IS SPACE	
						+	3. Date Incorporated or Qualife			
							11/11/1991	-		}
2 Principal Pl	lace of Business	2a, Mailing Address					4. FEI Number		I A	pplied For
·	ace of Duameas	26				Į	65-0296016		<b>—</b>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				$\dashv$				Additional
22	•	27					5. Certificate of Status Desired  Fee Requ			equired
City & State	9	City & State		<del></del>			6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ntry			8. This corporation owes the cu	rrent yea	_	-
24	25	29	30	,			Personal Property Tax.		☐ Yes	₽N <sub>0</sub>
	9. Name and Address of Current	Registered Agent	_	81	Name	<del></del>	10. Name and Address of New	Registere	a Agent	
MANA	IAN DOREDT W		ļ	01	Name					,
	ian, robert W. 5 S Military Trail			82	Street /	ddress	(P.O. Box Number is Not Accep	table)		-
	E WORTH FL 33463			0.2						
LAN	E WORTH FE 33403			83						
				84	City				85 Zip	Code
office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State of	nt Florida. Such change was	autnorized	I DV	tne corpo	orpora ration's	tion submits this statement for the board of directors. I hereby acc	e purpose ept the app	of changing its	s registered egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, F	lorida Stati	utes.	•					
SIGNATURE	Signature, typed or printed r ame of registered age	and title if applicable (NC	TE: Registered	Agen	1 signature re	nuired wt	en reinstaturu)	DATE	_	
12.	OFFICERS AN	<u> </u>	13.	,		,	ADDITIONS/CHANGES TO C	FFICERS	AND DIRECT	CIRS IN 12
TITLE	P	☐ DELETE	1.1 11	1.1 TITLE					☐ Change	
NAME	RICE, MARGARET E			1.2 NAME						İ
STREET ADDFESS	220 BUSINESS PARK WAY		1.3 ST	REET	ADDRESS					}
CITY-ST-Z/P	ROYAL PALM BEACH FL 3341	1	1.4 Cľ	1.4 CITY-ST-ZIP						
TITLE	VP	☐ DELETE	2.1 TF						Change	☐ Addition
NAME	RICE, LLOYD M.		2.2 N	2.2 NAME						
STREET ADDRESS	220 BUSINESS PARK WAY		2.3 \$1	2.3 STREET ADDRESS						
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341		2.4 C	2.4 CITY-ST-ZIP			_			
TITLE	TD	☐ DELETE	3.1 TF	TLE					☐ Change	☐ Addition
NAME	RICE, DARREN		3.2 NA	ME						
STREET ADDFESS	AND DUONITOD DION WIN			REET	ADDRESS					
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341	<u> </u>	3.4 (							
TITLE		☐ DELETE	4.1 TI	TLE	Ţ				Change	Addition
NAME			4. 2 N	AME						
STREET ADDRESS			4.3 S1	TREET	ADDRESS					}
CITY-ST-ZIP			4.4 CI	TY-S	r-zIP					
TITLE		☐ DELETE	5.1 TI						Change	Addition
NAME			5.2 NA							
STREET ADOR ESS					ADDRESS					
CITY-ST-ZIP			5.4 Ci		T-ZiP					Additio-
TITLE		☐ DELETE	6.1 TF						Change	☐ Addition
NAME			6.2 N/							
STREET ADDR ESS					ADDRESS					
CITY-ST-7IP			64 CI	TY-S	T-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify by 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 of current and that my signa use 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 changes for on an attachment with an address with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICE R OR DIRECTOR