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Entity Name

ACLIA DOCOLIOTO INTEGNIATIONIAL INC

AQUA PRODUCTS INTERNATIONAL, INC.									
Principal Place of Business 220 BUSINESS PARK WAY ROYAL PALM BEACH FL 33411 Address 220 BUSINESS PARK WAY ROYAL PALM BEACH FL 33411				411				Bir 0:011 9:011 0:01	
2. Principal P	Place of Business	3. Mai	iling Address	te+ u					
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				CHECK HERE IF MAK		
City & Stat	e	City	& State			4. F	El Number 65-0296016		pplied For of Applicable
Zip	Country	Zip		Country		5. C	Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Register	ed Agent			7. N	ame and Address of New Register		
WYMAN, ROBERT W. 3095 S MILITARY TRAIL LAKE WORTH FL 33463				Street Address (PQLOYD' & PESSY RICE able) 120 N. FLAGLER PROMENADE WEST PALM BEACH, FL 33405 City FL Zip Code					
signature.	named entity submits this statement for ions of egistered agent. Signature, typed or pinted name of registered agent. ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department o	and title if app	leci	gistered office o			4-1	0-03 NE \$5.0	and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/VP RICE, MARGARET E 220 BUSINESS PARK WAY ROYAL PALM BEACH FL 33411		I PRS □ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIC BIC BAC	70	MARGARET WSUNESS Park 1 PAIM BCh	4 0	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICE, LLOYD M. 220 BUSINESS PARK WAY ROYAL PALM BEACH FL 33411		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO	14 a	H PAIM DEN	. □ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICE, DARREN 220 BUSINESS PARK WAY ROYAL PALM BEACH FL 33411		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷.	€2 ^{ne}	** * :-	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)