

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 27 1998 8:00am
Secretary of State

DOCUMENT # **V14274** (7)

1. Corporation Name
WORLD WIDE AQUATICS, INC.



Principal Place of Business

**10500 UNIVERSITY CENTER DR
STE 295
TAMPA FL 33612
US**

Mailing Address

**10500 UNIVERSITY CENTER DR
STE 295
TAMPA FL 33612
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **10500 UNIVERSITY CTR DR**

Suite, Apt. #, etc.
22 **SUITE 295**

City & State
23 **TAMPA FL**

Zip Country
24 **33612** 25 **USA**

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

City & State

28 Zip Country
29 30

3. Date Incorporated or Qualified

02/14/1992

4. FEI Number

65-0313759

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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]

7.14.98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **LEVINE, MARC**
STREET ADDRESS **10500 UNIVERSTIY CENTER DR, STE 250**
CITY-ST-ZIP **TAMPA FL**

TITLE **VICE PRESIDENT** ☐ DELETE
NAME **RODRIGUEZ, LORI**
STREET ADDRESS **10500 UNIVERSITY CTR DR STE 295**
CITY-ST-ZIP **TAMPA FL 33612-6462**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
(ADDRESS)
1.2 NAME
1.3 STREET ADDRESS **10500 UNIVERSITY CTR DR, STE 295**
1.4 CITY-ST-ZIP **TAMPA FL 33612-6462**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **RODRIGUEZ, LORI**
2.3 STREET ADDRESS **10500 UNIVERSITY CTR DR STE 295**
2.4 CITY-ST-ZIP **TAMPA FL 33612-6462**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **700002602467**
5.4 CITY-ST-ZIP **-07/30/98--01022--029**
*****550.00**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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.

SIGNATURE:

[Signature]

7.14.98

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CR2E034 (5/98)