

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

**FILED**

**Mar 25 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # J51292 (7)**  
1. Corporation Name  
**AQUA INVESTMENT COMPANY OF PALM COAST**



Principal Place of Business Mailing Address  
**13 UTILITY DRIVE  
P.O. BOX 350814  
PALM COAST FL 32135-7814**

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified **01/12/1987** 3a. Date of Last Report **02/13/1996**  
4. FEI Number **59-2857411** 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. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**  
**AMARAL, ANTONIO  
13 UTILITY DRIVE  
PALM COAST FL 32137**

**10. Name and Address of New Registered Agent**  
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 (Print name of registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<b>P AMARAL, ANTONIO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>2 CENTER PLACE</b>	1.2 NAME	
3. CITY-STATE-ZIP	<b>PALM COAST FL</b>	1.3 STREET ADDRESS	
4. TITLE	<b>VT</b> <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
5. NAME	<b>AMARAL, MARIA</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	<b>2 CENTER PLACE</b>	2.2 NAME	
7. CITY-STATE-ZIP	<b>PALM COAST FL</b>	2.3 STREET ADDRESS	
8. TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
9. NAME	<b>AMARAL, DAVID</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	<b>2 CENTER PLACE</b>	3.2 NAME	
11. CITY-STATE-ZIP	<b>PALM COAST FL</b>	3.3 STREET ADDRESS	
12. TITLE		3.4 CITY-STATE-ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. TITLE		4.4 CITY-STATE-ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. TITLE		5.4 CITY-STATE-ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. TITLE		6.4 CITY-STATE-ZIP	

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 included 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 checked, or on an attachment with an address.

**SIGNATURE:** *Maria Amaral* **MARIA AMARAL** 3/7/97 904-445-9393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)