

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
WALTER D. BARNETT
Secretary of State
CORPORATIONS

APPROVED
AND
FILED

55 MAY 11 1995 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000051610 (1)**

AQUARIUM ARTISANS, INC.

Principal Place of Business: 6661 NW 33RD WAY FT LAUDERDALE FL 33309
Mailing Address: 6661 NW 33RD WAY FT LAUDERDALE FL 33309

(DO NOT WRITE IN THIS SPACE)

3. Date Reorganized or Qualified: 07/13/1994
3a. Date of Last Filing:
4. FEI Number: 65-0505030
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 5-106(1)(b) Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

**CENTORE, EVA
6661 NW 33RD WAY
FT LAUDERDALE FL 33309**

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 607.0402 and 607.1506, 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 607.0405, Florida Statutes.

SIGNATURE

Signature of Agent (Registered Agent or Registered Agent/Secretary)

Signature of Registered Agent (Registered Agent or Registered Agent/Secretary)

WIT

12. OFFICERS AND DIRECTORS

12.1 TITLE	D
12.2 NAME	CENTORE, EVA
12.3 STREET ADDRESS	6661 NW 33RD WAY
12.4 CITY, ST, ZIP	FT LAUDERDALE FL 33309
12.5 TITLE	D
12.6 NAME	CIPOLLA, ROBERT
12.7 STREET ADDRESS	6661 NW 33RD WAY
12.8 CITY, ST, ZIP	FT LAUDERDALE FL 33309
12.9 TITLE	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 TITLE	
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws of the State of Florida. 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: *Eva V. Centore* EVA CENTORE
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5-8-95 305-962-1776
Date Filed

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mathur
Secretary of State
CONSUMER SERVICE CENTER

APPROVED
(Stamp)

DOCUMENT # **P94000052158 (0)**

1. Corporation Name
DISESA INC.

07/14/1994 09:15

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2. Previous Office Address
**308 SOUTH L STREET
LAKE WORTH FL 33460-4514**

3. Mailing Address
**308 SOUTH L STREET
LAKE WORTH FL 33460-4514**

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Qualified **07/14/1994** 3a. Date of Last Report

21. Principal Place of Business
Suite, Apt. # etc.

26. Mailing Address
Suite, Apt. # etc.

4. FEI Number **65 05 09 801** Applied For / Not Applicable

22. City & State

27. City & State

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

23. City & State

28. City & State

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

24. City & State

25. City & State

29. City & State

30. City & State

6. This corporation has authority for incorporation under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DISESA, CRAIG C
308 SOUTH L STREET
LAKE WORTH FL 33460-4514**

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 607.0607 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 607.0605, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent, if Registered Agent is Not Applicable)

(Print Registered Agent's Name, if Registered Agent is Not Applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

101. NAME	DPST	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102. STREET ADDRESS	DISESA, CRAIG C	12. NAME	
103. CITY, ST, ZIP	308 South L Street LAKE WORTH FL 33460-4514	13. STREET ADDRESS	
104. NAME		14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
105. STREET ADDRESS		15. NAME	
106. CITY, ST, ZIP		16. STREET ADDRESS	
107. NAME		17. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
108. STREET ADDRESS		18. NAME	
109. CITY, ST, ZIP		19. STREET ADDRESS	
110. NAME		20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
111. STREET ADDRESS		21. NAME	
112. CITY, ST, ZIP		22. STREET ADDRESS	
113. NAME		23. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114. STREET ADDRESS		24. NAME	
115. CITY, ST, ZIP		25. STREET ADDRESS	
116. NAME		26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
117. STREET ADDRESS		27. NAME	
118. CITY, ST, ZIP		28. STREET ADDRESS	
119. NAME		29. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
120. STREET ADDRESS		30. NAME	
121. CITY, ST, ZIP		31. STREET ADDRESS	
122. NAME		32. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
123. STREET ADDRESS		33. NAME	
124. CITY, ST, ZIP		34. STREET ADDRESS	
125. NAME		35. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
126. STREET ADDRESS		36. NAME	
127. CITY, ST, ZIP		37. STREET ADDRESS	
128. NAME		38. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
129. STREET ADDRESS		39. NAME	
130. CITY, ST, ZIP		40. STREET ADDRESS	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Sections 119.07(3)(b), 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 1 of this report. If a change of agent is an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95 909 582 6228
Date Chapter 607