

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000045355 (1)**

1. Corporation Name
AQUARIUS MANAGEMENT, INC.



Principal Place of Business: **4500 PGA BLVD., SUITE 304B PALM BEACH GARDENS FL 33418**
Mailing Address: **4500 PGA BLVD., SUITE 304B PALM BEACH GARDENS FL 33418**

3. Date Incorporated or Qualified: **06/06/1995**
3a. Date of Last Report: []
4. FEI Number: **65-0590179**
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

2. Principal Place of Business
21 **4200 Wackenhut Drive**
Suite, Apt. #, etc.
22 **Suite 100**
City & State
23 **Palm Beach Gardens FL**
Zip
24 **33410**
Country
25 []
2a. Mailing Address
26 **4200 Wackenhut Drive**
Suite, Apt. #, etc.
27 **Suite 110**
City & State
28 **Palm Beach Gardens FL**
Zip
29 **33410**
Country
30 []

9. Name and Address of Current Registered Agent

**TAMBONE, RICHARD P
4500 PGA BLVD., SUITE 304B
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 607.0506, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1. 1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMBONE, LORI B	1. 2 NAME	
STREET ADDRESS	4500 PGA BLVD., SUITE 304B	1. 3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	1. 4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	D <input type="checkbox"/> DELETE	2. 1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMBONE, RICHARD P	2. 2 NAME	
STREET ADDRESS	4500 PGA BLVD., SUITE 304B	2. 3 STREET ADDRESS	4200 Wackenhut Dr., Suite 110
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	2. 4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. 2 NAME	
STREET ADDRESS		3. 3 STREET ADDRESS	
CITY-ST-ZIP		3. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY-ST-ZIP		4. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		6. 4 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 Section 119.07(3)(k), 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: _____ Date: **4-26-96** Daytime Phone #: **407-625-0008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)