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May 08 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 # **P95000045355 (1)**
 1. Corporation Name
AQUARIUS MANAGEMENT, INC.
DAYBERRY GROVE CORPORATION *NC 12-4*



Principal Place of Business: **4200 WACKENHUT DRIVE SUITE 110 PALM BEACH GARDENS FL 33410 US**

Mailing Address: **4200 WACKENHUT DRIVE SUITE 110 PALM BEACH GARDENS FL 33410-4242 US**

3. Date Incorporated or Qualified: **06/06/1995**

3a. Date of Last Report: **05/01/1996**

4. FEI Number: **65-0580179**

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

2a. Mailing Address

21. Suite, Apt #, etc

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Suite, Apt #, etc

27. City & State

28. Zip Country

29. Zip Country

30. Zip Country

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE _____ DELETE

NAME **DVS**

STREET ADDRESS **TAMBONE, LORI B**

CITY-ST-ZIP **4200 WACKENHUT DR., STE 110**
PALM BEACH GARDENS FL

TITLE _____ DELETE

NAME **DPT**

STREET ADDRESS **TAMBONE, RICHARD P**

CITY-ST-ZIP **4200 WACKENHUT DR., STE 110**
PALM BEACH GARDENS FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002185124
-05/20/97--01054--032
*****165.00**

14. I do 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 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: *Lori B. Tambone* **42897** **561-625-0008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)