

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 641380

(1)

95 JAN 13 AM 10:17

1. Corporation Name

ACQUARIUS PROPERTIES, INC.

Principal Place of Business

2100 NE INDIAN RIVER DR.  
JENSEN BEACH FL 34947

Mailing Address

2100 NE INDIAN RIVER DR.  
JENSEN BEACH FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1979

3a. Date of Last Report

02/14/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2239901

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

ANGELONE, ERCOLE  
2100 NE INDIAN RIVER DR.  
JENSEN BEACH FL 34947

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

*Ercole Angelone*

1-10-1995

(Signature, typed or printed name of registered agent or director)

(Date)

(Date)

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

S  
ANGELONE, ERCOLE  
2100 NE INDIAN RIVER DR.  
JENSEN BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

VP  
ANGELONE, CARMINE  
2100 NE INDIAN RIVER DR.  
JENSEN BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(3)(b), 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Ercole Angelone*

ERCOLE ANGELONE

(Signature and typed or printed name of signing officer or director)

1-10-95

(Date)

8342152

(Typed Name)