

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 745589

(2)

1. Corporation Name

MISSION: AQUARIUS, INC.



Principal Place of Business

Mailing Address

~~6030 NE 3RD TERR.~~
~~FT. LAUDERDALE FL 33334~~
US

~~6030 N.E. 3RD TERR.~~
~~FT. LAUDERDALE FL 33334~~

3. Date Incorporated or Qualified
01/15/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 11382 SW 110th
Suite, Apt. #, etc.

26 11382 SW 110th
Suite, Apt. #, etc.

4. FEI Number
59-1926033

Applied For
Not Applicable

22 City & State
Miami, FL

27 City & State
Miami, FL

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

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

23 Zip 33176 Country USA

28 Zip 33176 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUIR, MARILYN J.
6030 N.E. 3RD TERR.
FT. LAUDERDALE FL 33334-5539

81 Name Jordan Wheelchel
82 Street Address (P.O. Box Number is Not Applicable)
11382 SW 110th
83
84 City Miami FL 85 Zip Code 33176

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/P
NAME WHELCHER, JORDAN II
STREET ADDRESS 11382 S.W. 110TH LANE
CITY - ST - ZIP MIAMI FL ☐ DELETE

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D
NAME MUIR, LYNDY
STREET ADDRESS ~~6030 NE 3RD TERR.~~
CITY - ST - ZIP ~~FT. LAUDERDALE FL~~ ☐ DELETE

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 15 N. TOLL ST
2.4 CITY - ST - ZIP SCOTIA NY 12302

TITLE VD
NAME WALTZ, ELLIE
STREET ADDRESS 2940 NE 6TH AVE.
CITY - ST - ZIP POMPANO BEACH FL ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 415 Lock Rd #25
3.4 CITY - ST - ZIP DEERFIELD, FL 33432

TITLE D
NAME MUIR, MARILYN
STREET ADDRESS 6030 N.E. 3RD TERR.
CITY - ST - ZIP FT. LAUDERDALE FL ☐ DELETE

4.1 TITLE D/S ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 8141 Forest Hills Dr #304
4.4 CITY - ST - ZIP Coral Springs FL 33065

TITLE D
NAME MACNABB, RICHARD
STREET ADDRESS 22084 PALMS WAY APT. 207
CITY - ST - ZIP BOCA RATON FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME RIGOT, SANDRA
STREET ADDRESS 11382 SW 110LANE
CITY - ST - ZIP MIAMI FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)