## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION · ANNUÆ REPORT

. 1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 745589
1. Corporation Name
MISSION: AQUARIUS, INC

Principal Place of Business

Mailing Address

FILED
Jun 12 1997 8:00am
Secretary of State

<del>-</del> , .	ORESTHILLS DR #304	Ť	34/11	<b></b> -					•	
CORAL	FORESTHILLS DR #304 Springs, FL 3306	\$								
CORPE SPRINGS) L SOCI						3. Date Incorporated or Qualified 3a. Date of Last Report 4/25/96				
2. Principal P	Place of Business	2a. Mailing Addre				4. FEI Number // 2/ 4 3 3	<u>'</u>	Ap	plied For	
21 <i>8441 f</i>	FOREST HILLS DR 4304	26 SA				59-1906000		No.	t Applicable	
Suite, Apt. #, etc.			etc.			5. Certificate of Status Desired	<b>Z</b>	\$8.75 A		
City & State City & State 23 PL 28						Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24 330	065 Country 21 SA	Z(p	30	Country		This corporation has liability for in Florida Statutes		ax under s No	199.032,	
	9. Name and Address of Current					10. Name and Address of New Reg	stered A	gent		
MADI	LIVO T NUIR			81	Name					
8441	Lyn I Muir Forest Hills Dr L Spridgs, FL.	P #304		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)			
COPA	SORIDES FI	33065		83						
CD.CII.	- Spillers) i - is			64	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florid	a Statutes, the	e above	named co	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of	changing it	s registered	
	am familiar with, and accept the obligat				ine corpon	ation's board of differences. Thereby accept	tine appe	IIIIIII IIII III III	registered	
SIGNATURE .	Signature, typed or printed name of registered agent	e and all all and and a	(UOTI - D. C.)			uired when reinstating)	DATE			
12.	OFFICERS AND			13.	signature requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	
TITLE	DIV	☐ DEI		.1 TITLE				Change	Addition	
NAME`	JORDAN Whelchel	<i>III</i>	1.	.2 NAME						
STREET ADDRESS	11382 SW 110 L		1.	3 STREET, A	DDRESS					
CITY-SJ-ZIP	MIAMI FL 38/7		1.	4 CITY-ST	- ZIP					
TITLE	D	☐ DEL		1 TITLE				Change	Additio	
NAME :	LYNDY MUIR		2.	.2 NAME	j					
STREET ADDRESS	15 N. TOIL ST.		2	3 STAEET A	DDRESS					
CITY-ST-ZIP	Scoting, NY 1230	02		4 CITY - ST						
TITLE	N	DEI	222	1 TITLE				Change	Additio	
NAME :	Gilia MALTO		3	2 NAME	}		•			
NUME I	allie with	•	-							
NAME STREET ADDRESS	12/15 14AD DIA 1			3 STREET A	UIDBESS I					
STREET ADDRESS	7/5 LOCK RO # 2	1 E 1 334	2 2	.3 STREET A	•					
	Dear Feb Besc	6, F ( 33/	32 3	.3 STREET A .4 CITY-ST .1 TITLE	•			Change	Addition	
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information indicated on this armula report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under or lam an officer or directly 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 12 or Block 12 or Block 13. If changed, or on an attachment with an address.