


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90045 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 745589</b>					
1. Corporation Name <b>MISSION: AQUARIUS, INC.</b>					
Principal Place of Business <b>8441 FOREST HILLS DR #304</b> <b>CORAL SPRINGS FL 33065</b> <b>US</b>			Mailing Address <b>8441 FOREST HILLS DR #304</b> <b>CORAL SPRINGS FL 33065</b> <b>US</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/15/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1926033	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		5.00 May Be Added to Fees	
Country		Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>MUIR, MARILYN J.</b> <b>8441 FOREST HILLS DR #304</b> <b>CORAL SPRINGS FL 33065</b>			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 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	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	DV	1.1 TITLE	
NAME	WHELCHER, JORDAN II	1.2 NAME	
STREET ADDRESS	11382 S.W. 116TH LANE	1.3 STREET ADDRESS	2211 S+ Rd #9
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	Black Mt NC 28711
TITLE	D	2.1 TITLE	
NAME	MUIR, LYNDY	2.2 NAME	
STREET ADDRESS	15 N. TOLL ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTIA FL 12302	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WALTZ, ELLIE	3.2 NAME	
STREET ADDRESS	415 LOCK RD #25	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33432	3.4 CITY-ST-ZIP	
TITLE	DPS	4.1 TITLE	
NAME	MUIR, MARILYN	4.2 NAME	
STREET ADDRESS	8441 FOREST HILLS DR #304	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SHENK, PAMELA	5.2 NAME	
STREET ADDRESS	39 ROGERS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	REMSBURG NY 11960	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN J MUIR 4/23/99 9547825928

Date

Daytime Phone #

CR2E037 (11/98)