FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 16 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04212 (9)

1. Corporation Name
AQUARIUS PRESS, INC.

Principal Place of Business	Mailing Address
13795 N.W. 19TH AVE. OPA LOCKA FL 33054	13795 N.W. 19TH AVE. OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1980
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21 2119 N. 32nd Court
22 Suite, Apt. #, etc.
23 City & State: Hollywood, FL
24 Zip: 33021
25 Country: USA

2a. Mailing Address
26 2119 N. 32nd Court
27 Suite, Apt. #, etc.
28 City & State: Hollywood, FL
29 Zip: 33021
30 Country: USA

4. FEI Number: 59-2040280 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

WILLIAMS, JAMES AARON
5441 BACHANAN ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: Valerie A. Doten
82 Street Address (P.O. Box Number is Not Acceptable): 7644 Harbour Boulevard
83
84 City: Miramar 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: Valerie Doten; Valerie Doten President — 3/13/95
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	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS SR, JOSEPH H	1.2 NAME		
STREET ADDRESS	2119 N. 32ND CT.	1.3 STREET ADDRESS	NO LONGER OFFICER	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMS, MARY JOYCE	2.2 NAME		
STREET ADDRESS	2119 N. 32ND CT.	2.3 STREET ADDRESS	NO LONGER OFFICER	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	V/T/D	☒ Change ☐ Addition
NAME	WILLIAMS, JAMES A	3.2 NAME	James A. Williams	
STREET ADDRESS	5441 BUCHANAN ST.	3.3 STREET ADDRESS	5441 Buchanan St.	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	D	4.1 TITLE	P/S/D	☒ Change ☐ Addition
NAME	DOTEN, VALERIE	4.2 NAME	Valerie A. Doten	
STREET ADDRESS	7644 HARBOUR BLVD	4.3 STREET ADDRESS	7644 Harbour Blvd.	
CITY-ST-ZIP	MIRAMAR FL	4.4 CITY-ST-ZIP	Miramar, FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Valerie Doten; Valerie Doten — 3/13/95 — 305-688-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010088 CP