

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F39688**

**(9)**

1. Corporation Name

**AQUARIUS WATER SYSTEMS, INC.**

Principal Place of Business

**211 CLAUDE BRANDON ROAD  
P.O. BOX 40  
ALACHUA FL 32616  
US**

Mailing Address

**211 CLAUDE BRANDON ROAD  
P.O. BOX 40  
ALACHUA FL 32616-0040  
US**

2. Principal Place of Business

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

City & State

21	26		27		3. Date Incorporated or Qualified <b>06/01/1981</b>	3a. Date of Last Report <b>04/23/1996</b>
22	28		29		4. FEI Number <b>59-2265303</b>	Applied For Not Applicable
23	Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	<b>25</b>	<b>29</b>	<b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

**GRIFFIS, STANLEY H.,JR.  
211 CLAUDE BRANDON RD  
ALACHUA FL 32615**

61 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 607.0605, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when reinstating)

DATE

12. <b>OFFICERS AND DIRECTORS</b>	<input type="checkbox"/> DELETE	13. <b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>1. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6. TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY, ST, ZIP</b>	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 607, 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

**(904) 462-2845**

Daytime Phone #

0069033

CR2E034 (9/96)