

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 JAN 23 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004091 (5)

1. Corporation Name
AQUARIA, INC.

Principal Place of Business	Mailing Address
6100 CONDOR DRIVE MOORPARK CA 93021	6100 CONDOR DRIVE MOORPARK CA 93021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/07/1993	3a. Date of Last Report 05/10/1994
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2. Principal Place of Business	2a. Mailing Address
21 <input type="text"/>	26 <input type="text"/>
22 <input type="text"/>	27 <input type="text"/>
23 <input type="text"/>	28 <input type="text"/>
24 <input type="text"/>	29 <input type="text"/>
25 <input type="text"/>	30 <input type="text"/>

4. FEI Number 95-2556867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TRUE, KEN
223 KINGSTON AVE
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent

81 Name	<input type="text"/>
82 Street Address (P.O. Box Number is Not Acceptable)	<input type="text"/>
83 <input type="text"/>	<input type="text"/>
84 City	<input type="text"/>
85 Zip Code	FL <input type="text"/>

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	CP
NAME	SHERMAN, ROBERT
STREET ADDRESS	5022 ROYAL VISTA COURT
CITY-ST-ZIP	THOUSAND OAKS CA 91362
TITLE	D
NAME	SHERMAN, YVONNE F
STREET ADDRESS	5022 ROYAL VISTA COURT
CITY-ST-ZIP	THOUSAND OAKS CA 91362
TITLE	V
NAME	SNYDER, WILFRED P
STREET ADDRESS	2147 BENNINGTON COURT
CITY-ST-ZIP	THOUSAND OAKS CA 91360
TITLE	SCFO
NAME	BUSSING, JOSEPH
STREET ADDRESS	285 FAWN VALLEY COURT
CITY-ST-ZIP	SIMI VALLEY CA 93065
TITLE	<input type="text"/>
NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>
CITY-ST-ZIP	<input type="text"/>
TITLE	<input type="text"/>
NAME	<input type="text"/>
STREET ADDRESS	<input type="text"/>
CITY-ST-ZIP	<input type="text"/>

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

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 110.07(3)(b), 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 my address.

SIGNATURE: **Joseph Bussing, SCFO** *[Signature]* **1/2/95** (805) 529-1111
Signature, typed or printed name of signing officer or director Date (Month/Year)