

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004091 (5)**

1. Corporation Name
AQUARIA, INC.



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

3. Date Incorporated or Qualified: **09/07/1993**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **95-2556867**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Numbers 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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

4/25/96 (805) 529-1111
DATE TIME/PHONE

CR2E034 (12/95)