

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **09/07/1993**
 4. FEI Number: **95-2556867**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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: **C T Corporation System**
 82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
 83
 84 City: **Plantation** FL 85 Zip Code: **33324**

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 **M. T. Fitzpatrick, Ass't. Secretary** *[Signature]* 3/9/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 91382 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SHERMAN, YVONNE F | |
| STREET ADDRESS | 5022 ROYAL VISTA COURT | |
| CITY-ST-ZIP | THOUSAND OAKS CA 91382 | |
| 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 | SIMI 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

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 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 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]*

CR2E034 (10/97)