

**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

3. Date Incorporated or Qualified: **09/07/1993**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

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

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)