

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90106 034 ***150.00

DOCUMENT # **F93000004091**

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

81 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 607.0505, Florida Statutes.

SIGNATURE

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** ☐ DELETE
NAME **SHERMAN, ROBERT**
STREET ADDRESS **5022 ROYAL VISTA COURT**
CITY-ST-ZIP **THOUSAND OAKS CA 91362**

TITLE **D** ☒ DELETE
NAME **SHERMAN, YVONNE F**
STREET ADDRESS **5022 ROYAL VISTA COURT**
CITY-ST-ZIP **THOUSAND OAKS CA 91362**

TITLE **V** ☐ DELETE
NAME **SNYDER, WILFRED P**
STREET ADDRESS **2147 BENNINGTON COURT**
CITY-ST-ZIP **THOUSAND OAKS CA 91360**

TITLE **SCFO** ☐ DELETE
NAME **BUSSING, JOSEPH**
STREET ADDRESS **285 FAWN VALLEY COURT**
CITY-ST-ZIP **SIMI VALLEY CA 93065**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
1.2 NAME **MICHAEL A. WILSON**
1.3 STREET ADDRESS **125 HIGH STREET, SUITE 2500**
1.4 CITY-ST-ZIP **BOSTON, MA 02110**

2.1 TITLE **DIRECTOR** ☐ Change ☒ Addition
2.2 NAME **P. ANDREW MC LANE**
2.3 STREET ADDRESS **125 HIGH STREET, SUITE 2500**
2.4 CITY-ST-ZIP **BOSTON, MA 02110**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 **805-527-1117**
Date Daytime Phone #

CD05034 (1/1/00)

0554959