

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

APPROVED
AND
FILED

95 MAY -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J06136 (2)
1. Corporation Name
AQUARIUS ENTERPRISES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address
1231 MARKET CIRCLE
UNIT 3
PORT CHARLOTTE FL 33953
1231 MARKET CIRCLE
UNIT 3
PORT CHARLOTTE FL 33953

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/24/1986 3a. Date of Last Report 05/01/1994
4. FBI Number NOT APPLICABLE 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
7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 321 GRANADA BLVD
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 WARM MINERAL SPRINGS, FL
24 Zip 25 Country 29 34287-1212 30 Country

9. Name and Address of Current Registered Agent

HASLINGER, SUSANNA
1231 MARKET CIRCLE
UNIT 3
PORT CHARLOTTE FL 33953

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, LILLIAN	1.2 NAME	
STREET ADDRESS	317 GRANADA BLV	1.3 STREET ADDRESS	
CITY ST ZIP	WARM MINERAL SPRG FL	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, RICHARD	2.2 NAME	
STREET ADDRESS	321 GRANADA BLVD.	2.3 STREET ADDRESS	
CITY ST ZIP	WARM MINERAL SPRG. FL	2.4 CITY ST ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	HASLINGER, SUSANNA	3.2 NAME	
STREET ADDRESS	321 GRANADA BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	WARM MINERAL SPRG. FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 110.07(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. 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:

SUSANNA HASLINGER April 28/95 (813) 624-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number