SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CITY-ST-ZIP

appears in Block 12 or

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT 97 JUL 31 PH 12: 08 Secretary of State 1997 DIVISION OF CORPORATIONS SECRETARY OF STATE ALLAHASSEE, FLORIDA DOCUMENT # M88059 AQUARIUS MARKETING, INC. Principal Place of Business Mailing Address **STEPHEN BANKS** % STEPHEN BANKS 1369 LOTUS DR. NORTH 1369 LOTUS DR. NORTH **DUNEDIN FL 34698-2410** DO NOT WRITE IN THIS SPACE **DUNEDIN FL 34698-2410** 3. Date Incorporated or Qualified 3a. Date of Last Report 06/27/1988 05/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 1289 HNDrews\_ 1289 St 26 Not Applicable 59-2899330 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be unedin 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible JSA 24 30 ☐ No 29 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BANKS, STEPHEN 1289 ST. ANDREWS DR 82 Street Address (P.O. Box Number is Not Acceptable) **DUNEDIN FL 34698** 83 84 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1509 office or registered soynt, or both, in the State of Florida Sych Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ion 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 1.1 TITLE NAME BANKS, STEPHEN 1.2 NAME 1369 LOTUS DR. NORTH STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP <u>Dunedin</u> fl 1.4 CITY-ST-ZIP DELETE TITI F Change 21 THLE ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 797--01011 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ####165.00 L####165190bion TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$T - ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE ■ DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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14. I do 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 813-

(4/97