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Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P29907 (3)  
1. Corporation Name  
AQUATIC HABITAT MANAGEMENT CORPORATION

Principal Place of Business  
2150 FRANKLIN CANYON ROAD  
MARTINEZ CA 94553

Mailing Address  
2150 FRANKLIN CANYON ROAD  
MARTINEZ CA 94553-0004



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 827 ARNOLD DRIVE		06/25/1990	04/22/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27 Suite 80		38-2402640	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28 MARTINEZ CA		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29 94553	30 USA	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	MCNABB, THOMAS J.	1.2 NAME	ANDREW J. TROJILLO
STREET ADDRESS	1115 SILVER HILL CT	1.3 STREET ADDRESS	2806 PARKWAY DRIVE
CITY-ST-ZIP	LAFAYETTE CA	1.4 CITY-ST-ZIP	MARTINEZ, CA 94553-3843
TITLE	VST	2.1 TITLE	THOMAS J. MCNABB
NAME	MCNABB, DAVID D.	2.2 NAME	SECRETARY / TREASURER
STREET ADDRESS	429 ORCHARD VIEW AVE	2.3 STREET ADDRESS	1115 SILVER HILL COURT
CITY-ST-ZIP	MARTINEZ CA	2.4 CITY-ST-ZIP	LAFAYETTE, CA 94549
TITLE	D	3.1 TITLE	DIRECTOR
NAME	MCNABB, DAVID D.	3.2 NAME	THOMAS J. MCNABB
STREET ADDRESS	429 ORCHARD VIEW AVE	3.3 STREET ADDRESS	1115 SILVER HILL COURT
CITY-ST-ZIP	MARTINEZ CA	3.4 CITY-ST-ZIP	LAFAYETTE, CA 94549
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)