

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000049357 (5)

1. Corporation Name

ADVANCED VIVARIUM SYSTEMS, INC.

Principal Place of Business

900 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33432

Mailing Address

900 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33432

3. Date incorporated or Qualified
07/12/1993

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0420570

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

21. 1791 BLOUNT Road
Suite, Apt. #, etc.
22. # 506

2a. Mailing Address

26. P.O. Box 5640
Suite, Apt. #, etc.

City & State

23. Pompano Beach, FL

City & State

28. Lighthouse Pt, FL

Zip

24. 33069

Country

25. Broward

Zip

29. 33074

Country

30. Broward

9. Name and Address of Current Registered Agent

DEVOSJOLI, PATRICK
900 N FEDERAL HWY
SUITE 210
BOCA RATON FL 33432

81. Name

Patrick de Vosjoli

82. Street Address (P.O. Box Number is Not Acceptable)

1791 BLOUNT RD

83. # 506

84. City

Pompano Beach

FL

85. Zip Code

33069

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

Patrick de Vosjoli

Patrick de Vosjoli

4-12-96

12. OFFICERS AND DIRECTORS

TITLE P
NAME DEVOSJOLI, PARTICK ☐ DELETE
STREET ADDRESS 900 WEST FEDERAL HIGHWAY, SUITE 210
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P ☒ Change ☐ Addition

1.2 NAME Patrick de Vosjoli

1.3 STREET ADDRESS 2732 NE 22 AVE.

1.4 CITY-ST-ZIP Lighthouse Pt, FL 33074

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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; that I am an officer or director of the corporation or the receiver or trustee or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Patrick de Vosjoli*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick de Vosjoli

4/12-96

(954) 984-0009

CR2E034 (12/95)