SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:18

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000080238 (7)

1. Corporation Name

AQUILUS MARKETING, INC.

Principal Place of Business	Mailing Address
5101 N. A1A #101 VERO BEACH FL 32963	P. O. BOX 3447 VERO BCH. FL 32964-3447 US

3. Date Incorporated or Qualified: 11/15/1993
3a. Date of Last Report: 07/06/1994
4. FEI Number: 65-0444044 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 5558 N A1A	26
22 Suite, Apt. #, etc. #305	27 Suite, Apt. #, etc.
23 City & State VERO BEACH	28 City & State
24 Zip 32963 — 25 Country	29 Zip — 30 Country

9. Name and Address of Current Registered Agent

O'BRIEN, MILES M JR
5101 N. A1A
#101
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) ~~5558 N A1A~~
83 #305
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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	O'BRIEN, MILES M.	1.2 NAME	
STREET ADDRESS	~~5101 N. A1A~~	1.3 STREET ADDRESS	5558 N A1A
CITY-ST-ZIP	VERO BCH. FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition
NAME	O'BRIEN, CAROL A.	2.2 NAME	
STREET ADDRESS	~~5101 N. A1A~~	2.3 STREET ADDRESS	5558 N A1A
CITY-ST-ZIP	VERO BCH. FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (3/95)

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)(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: Miles M O'Brien President — 6-28-95 — 407-234-5253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MILES M. O'BRIEN, JR

0137002 FP