

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000042602 (0)

1. Corporation Name

HERBER'S AQUARIUM SETUPS, INC.

FILED
Mar 26 1997 8:00am
Secretary of State



Principal Place of Business 440 SE 23RD STREET SUITE 8 FT. LAUDERDALE FL 33316 US		Mailing Address 440 SE 23RD STREET SUITE 8 FT. LAUDERDALE FL 33316-3455 US	
2. Principal Place of Business 21 2533 NW 9th Terr Suite, Apt. #, etc.		28. Mailing Address 26 2533 NW 9th Terr Suite, Apt. #, etc.	
22 City & State 23 Wilton manors		27 City & State 28 Wilton manors	
Zip 24 33311	Country 25 Broward	Zip 29 33311	Country 30 Broward
9. Name and Address of Current Registered Agent HERBER, SCOTT 440 SE 23RD STREET SUITE 8 FT. LAUDERDALE FL 33316			
10. Name and Address of New Registered Agent 81 Name <i>SCOTT Herber</i> 82 Street Address (P.O. Box Number is Not Acceptable) 2533 NW 9th Terr 83 84 City <i>Wilton manors</i> FL Zip Code <i>33311</i>			

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 register 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *John Herber*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *Mar 10/97*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERBER, SCOTT 440 SE 23RD STREET, SUITE 8 FORT LAUDERDALE FL	<input type="checkbox"/> DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP President / PD Scott Herber 2533 NW 9th Terr Wilton manors FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 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. 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: *John Herber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0276126