

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000020801 (3)

1. Corporation Name

AGE OF AQUARIUM, INC.



Principal Place of Business

343 S.W. 183RD TERRACE
PEMBROKE PINES FL 33029

Mailing Address

343 S.W. 183RD TERRACE
PEMBROKE PINES FL 33029

3. Date Incorporated or Qualified
03/14/1995

3a. Date of Last Report
NA

2. Principal Place of Business

21 8900 S.R. 84

2a. Mailing Address

26 8900 S.R. 84

4. FEI Number

65-0566983

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

City & State

23 DAVIE FLORIDA

City & State

28 DAVIE FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

Zip

24 33324

Country

25 USA

Zip

29 33324

Country

30 USA

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes

X

Yes

□

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHN, MARGARET A
343 S.W. 183RD TERRACE
PEMBROKE PINES FL 33029

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME COHN, HOWARD A
STREET ADDRESS 343 S.W. 183RD TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

1.1 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

8900 S.R. 84
DAVIE, FLORIDA 33324

TITLE D ☐ DELETE

NAME COHN, MARGARET A
STREET ADDRESS 343 S.W. 183RD TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33029

2.1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

8900 S.R. 84
DAVIE FLORIDA 33324

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 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

MARGARET COHN 4/11/96

Date

954-124-3424

Daytime Phone #

CR2E034 (12/95)