


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

FILED  
May 08 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 # P95000045355 (1) 1. Corporation Name <b>AQUARIUS MANAGEMENT, INC.</b> <b>DAYBERRY GROVE CORPORATION</b> <i>NC 12-4</i>			
Principal Place of Business <b>4200 WACKENHUT DRIVE SUITE 110 PALM BEACH GARDENS FL 33410 US</b>		Mailing Address <b>4200 WACKENHUT DRIVE SUITE 110 PALM BEACH GARDENS FL 33410-4242 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Country
9. Name and Address of Current Registered Agent <b>TAMBONE, RICHARD P 4500 PGA BLVD., SUITE 304B PALM BEACH GARDENS FL 33418</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DVS	TAMBONE, LORI B	1.1 TITLE	
4200 WACKENHUT DR., STE 110		1.2 NAME	
PALM BEACH GARDENS FL		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
DPT	TAMBONE, RICHARD P	2.1 TITLE	
4200 WACKENHUT DR., STE 110		2.2 NAME	
PALM BEACH GARDENS FL		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: <i>Lori B. Tambone</i> 42897 561-625-0008			

CR2E034 (9/96)