

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000068445 (2)

1. Corporation Name

LIVING COLOR AQUARIUM MAINTENANCE, INC.



Principal Place of Business

Mailing Address

166 SW 84 WAY
CORAL SPRINGS FL 33071

166 SW 84 WAY
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

09/06/1995

3a. Date of Last Report

2. Principal Place of Business

21 6814 NW 20th Ave

2a. Mailing Address

26 6814 NW 20th Ave

4. FEI Number

65-0604613

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Ft. Lauderdale, Florida

27 Suite, Apt. #, etc.

27 Ft. Lauderdale, Florida

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

24 Zip

Country

24 33309

29 Zip

Country

29 33309

30

9. Name and Address of Current Registered Agent

DONNELLAN, J. JAMES
1900 BRICKELL AVE
MIAMI FL 33129

10. Name and Address of New Registered Agent

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

(If a registered agent signature is required when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME CUTLER, ANDREW
STREET ADDRESS 166 SW 84 WAY
CITY-ST-ZIP CORAL SPRINGS FL 33071

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

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 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, director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 (954) 972-2000

CR2E034 (3/96)