


**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90047 030 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000055119</b> 1. Corporation Name <b>AQUARIUS SYSTEMS, INC.</b>			
Principal Place of Business <b>6251 NORTH U.S. HIGHWAY ONE</b> <b>FORT PIERCE FL 34948</b>		Mailing Address <b>6251 NORTH U.S. HIGHWAY ONE</b> <b>FORT PIERCE FL 34948</b>	
2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24.			
2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country 29.			
3. Date Incorporated or Qualified <b>06/18/1998</b>			
4. FEI Number <b>65-0845494</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>NORRIS, DAVID B</b> <b>712 U.S. HIGHWAY ONE</b> <b>NORTH PALM BEACH FL 33408</b>		10. Name and Address of New Registered Agent 81. Name <b>MICHAEL EDWARDS</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>2825 BIARITZ DRIVE</b> 83. 84. City <b>PALM BEACH GARDENS</b> <b>FL</b> 85. Zip Code <b>33410</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 <i>[Signature]</i> <b>MICHAEL EDWARDS</b> DATE <b>5/10/99</b> <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when forgoing)</small>			
12. OFFICERS AND DIRECTORS TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>EDWARDS, MICHAEL</b> STREET ADDRESS <b>2825 BIARITZ DRIVE</b> CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33410</b>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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 with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

(561) 466 3474

Daytime Phone #

CR2E034 (11/98)