

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90026 019 \*\*\*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>
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**DOCUMENT # P98000089832**

1. Corporation Name  
**AQUARIAN RESOURCES, INC.**

Principal Place of Business  
 17038 NW 11TH ST  
 PEMBROKE PINES FL 33028

Mailing Address  
 17038 NW 11TH ST  
 PEMBROKE PINES FL 33028



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1998		4. FEI Number 9877573 65-08523		Applied For Not Applicable
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent  JOHNSON, ALBERT C 17038 NW 11TH ST PEMBROKE PINES FL 33028		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 <i>Albert C. Johnson</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		DATE
12. OFFICERS AND DIRECTORS		
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	STREET ADDRESS	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Albert C. Johnson* 428-99-4192514  
 Albert C. Johnson

CR2E034 (1/98)