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 #

1. Corporation Name S22625

(5)

AQUARIUM THE BEAUTIFUL, INC.

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Principal Place	of Business	Mailing Address							
	ANTHEMUM DR EACH FL 33437-1234	9013 CHRYSANTHE BOYNTON BEACH I							
BOTHTON BE	ENGINE SONOTIEVY	Jointon Joint			3. Date Incorporated or Qualified 01/04/1991	3a. Date of La 05/01			
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
i)		26			65-0235722		Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required		
		City & State			6. Election Campaign Financing	•	5.00 May Be		
− City & State T	,	28			Trust Fund Contribution		Added to Fees		
Ζιρ	Country	Zip	Coun	try	8. This corporation has liability for	intangible tax und	lers 199.032,		
	25	29	30		f lorida Statutes 🔲 Yes	□No			
1	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New F	tegistered Agen	t		
] 8	Name					
	LEWIS, P.A.		1	32 Street Add	iress (P.O. Box Number is Not Acceptab	nle)			
4400 N SUITE 3	FEDERAL HIGHWAY		1	33					
	RATON FL 33431		},	B4 City		FL 85	Zip Code		
					oration submits this statement for the pu		a its ana stared office		
SIGNATURE		NO DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIR			
TITLE	D	DELETE	1.111	ļ		[] Ur	lange [] Addition		
NAME	FISK, THOMAS	_	1.2 NAI						
STREET ADDRESS	9013 CHRYSANTHEMUM D	K		BEET ADDRESS					
CITY - ST - ZIP	BOYNTON BEACH FL	☐ DELETE	1 4 CiJ 2 1 Ti	Y-ST ZIF		□ Cr	nange		
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CITY-ST-ZIP				IY-S1-21P					
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NAME			5.2 N/						
STREET ADDRESS				REET ADDRESS					
CITY - ST - 2IP				Tr - ST - ZIP			hange Addition		
TIFLE		DELETE	6.17			[] C	riange [_] Muuliloi		
NAME			6.2 N/	ı					
STREET ADDRESS	. [6351	REFT ADDRESS					

14. If do hereby certify that the information supplied with this filling is volunturally 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 F13/K 4/15/96 4072795567