


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

FILED

**Mar 28 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 # F96000002580 (6)
1. Corporation Name
MARINE HARVEST INTERNATIONAL SALES, INC.



Principal Place of Business: **WARBOR ACRES FARM, INC. 439 MARLBOROUGH RD. PO BOX 8501 GLASTONBURY CT 06033**

Mailing Address: **WARBOR ACRES FARM, INC. 439 MARLBOROUGH RD. PO BOX 8501 GLASTONBURY CT 06033-2831**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1986	3a. Date of Last Report N/A
21	22	23	24	4. FEI Number 38-3087145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRAIG, JAMES R 3000 NE 30TH PL #210 FT LAUDERDALE FL 33308				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	<input type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NELSON, JAMES D			1.2 NAME	NELSON, JAMES D.		
STREET ADDRESS	439 MARLBOROUGH RD			1.3 STREET ADDRESS	439 MARLBOROUGH ROAD		
CITY-ST-ZIP	GLASTONBURY CT 06033			1.4 CITY-ST-ZIP	GLASTONBURY, CT 06033		
TITLE	DCVT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	DN	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, NEIL I M			2.2 NAME	CANINO, ELLEN M.		
STREET ADDRESS	439 MARLBOROUGH RD			2.3 STREET ADDRESS	439 MARLBOROUGH ROAD		
CITY-ST-ZIP	GLASTONBURY CT 06033			2.4 CITY-ST-ZIP	GLASTONBURY, CT 06033		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GRIEVESON, JEREMY J			3.2 NAME	DELLAROCO, KEITH R.		
STREET ADDRESS	439 MARLBOROUGH RD			3.3 STREET ADDRESS	439 MARLBOROUGH ROAD		
CITY-ST-ZIP	GLASTONBURY CT 06033			3.4 CITY-ST-ZIP	GLASTONBURY, CT 06033		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CANINO, ELLEN MARY			4.2 NAME	SKIBA, RICHARD M.		
STREET ADDRESS	439 MARLBOROUGH RD			4.3 STREET ADDRESS	439 MARLBOROUGH ROAD		
CITY-ST-ZIP	GLASTONBURY CT 06033			4.4 CITY-ST-ZIP	GLASTONBURY, CT 06033		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, changed, or on an attachment with an address.

SIGNATURE: *Ellen M. Canino* VICE PRESIDENT - ELLEN M. CANINO 3/21/97 860-633-4681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)