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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS							Secretary of State					
DOCUMENT # L40559 (1) 1. Corporation Name FISH CARE UNLIMITED INC.												
	FISH CA	HE UNLIMITED INC.							une ibu eist		(B) (Ba)	
Principal Place of Business Mailing Address							· · · · · · · · · · · · · · · · · · ·	L (ABDILELI) BIL BEBLI BOKRY DIVON D	AND LOST DIGHT	818 818 8/8 8/8 1		
1547 MAIN ST % RON GREENBLATT DUNEDIN FL 34698 1547 MAIN ST												
US			DUNEDIN FI	DUNEDIN FL 34698-4650								
ļ		÷	US					3. Date Incorporated or Qua 12/29/1989	dified	3a. Date of Last Re 05/01/1996	eport	
2.	Principal Pi	cipal Place of Business 2a. Mailing Address						4. FEI Number	L		plied For	
21		26					·	65-0103410			t Applicable	
22	Sulte, Apt.	t. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desir	ed [\$8.75 A Fee Re		
44	City & State							6. Election Campaign Finan	cing	\$5.00		
23			28			<u> </u>		Trust Fund Contribution		Added t	o Fees	
24	Zip	Country Z _{ID} C				intry	 If y Inis corporation has liability for intangible tax under s. 199 0 Florida Statutes ✓ Yes ✓ No 				199 032.	
A Alama and Address of Correspt Deviate and Avent								10. Name and Address of N		3		
GREENBLATT, RON 55/							Name					
GREENBLATT, RON 55/ 1920 BAFBARA AVE 5/5 DEER RUN N. CLEARWATER FL 34615 PA/M HARBOR, F.						82	2 Street Address (P.O. Box Number is Not Acceptable)					
						83	3					
34484						84	Cit.				Podo -	
							FL T					
11	office or re	egistered agent, or both, in the	e State of Florida. Such	change was au	uthorized	d by t	named cor he corpora	rporation submits this statement for ation's board of directors. I hereby	or the purp accept th	ose of changing its ne appointment as	s registered registered	
	-	n familiar with, and accept the	e obligations of, Section	607.0505, Flor	ida Stat	utes.					•	
SI	GNATURE .	Signature, typed or printed name of regis	stered agent and title if applicable	e. (NO1)	Registered	d Agent	signature req.	pired where reinstating)		DATE		
12		D OFFICE	RS AND DIRECTORS	DELETE	13.		~ ~ ~	ADDITIONS/CHANGES TO	OFFICER	S AND DIRECTOR Change	S IN 12 Addition	
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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 eath; 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.