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**Apr 03 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000000535 (5)**

1. Corporation Name

**FLORIDA TROPICAL FISH FARMS TRADE ASSOCIATION, I  
NC.**



Principal Place of Business

Mailing Address

**323 W. CENTRAL AVE.  
WINTER HAVEN FL 33880**

**P.O. BOX 1519  
WINTER HAVEN FL 33882-1519**

3. Date Incorporated or Qualified  
**01/29/1993**

3a. Date of Last Report  
**03/08/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

Country

29

Zip

Country

30

4. FEI Number  
**59-3157238**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOOZER, DAVID  
332 WEST CENTRAL AVE  
WINTER HAVEN FL 33880**

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 617.0502 and 617.1508, 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 617.0503, 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUKLE, CHERYL	1.2 NAME	<i>D</i>
STREET ADDRESS	5520 WILKINS ROAD	1.3 STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	TAMPA FL 33610	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNESSY, MICHAEL	2.2 NAME	
STREET ADDRESS	7502 SYMMES ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL 33534	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, PAUL	3.2 NAME	<i>P</i>
STREET ADDRESS	2415 SE 30 ST	3.3 STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	RUSKIN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGREST, ELWYN	4.2 NAME	
STREET ADDRESS	P.O. BOX 758 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	GIBSONTON FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAWDY, DONALD	5.2 NAME	<i>VP</i>
STREET ADDRESS	2720 GRIMES ROAD	5.3 STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	LAKELAND FL 33805	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, TODD	6.2 NAME	<i>DS</i>
STREET ADDRESS	1331 SE 10 AVE	6.3 STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	RUSKIN FL	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)(f), 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 617, 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 TITLED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054749

CR2E037 (9/96)