

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90035 034 \*\*\*\*61.25

0058918

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N93000000535**

1. Corporation Name  
**FLORIDA TROPICAL FISH FARMS TRADE ASSOCIATION, INC.**

Principal Place of Business: 323 W. CENTRAL AVE. WINTER HAVEN FL 33880  
 Mailing Address: P.O. BOX 1519 WINTER HAVEN FL 33882



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/29/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3157238	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24	Zip	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

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

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	D	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUKLE, CHERYL		1.2 NAME		
STREET ADDRESS	5520 WILKINS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		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	P	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, PAUL		3.2 NAME		
STREET ADDRESS	2415 SE 30 ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGREST, ELWYN		4.2 NAME	Art Rawlins	
STREET ADDRESS	P.O. BOX 758 N/A		4.3 STREET ADDRESS	3402 Kent Path Ct.	
CITY-ST-ZIP	GIBSONTON FL		4.4 CITY-ST-ZIP	Lithia, FL 33547	
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAWDY, DONALD		5.2 NAME		
STREET ADDRESS	2720 GRIMES ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, TODD		6.2 NAME	Brad McLane	
STREET ADDRESS	1331 SE 10 AVE		6.3 STREET ADDRESS	700 S. Flamingo Road	
CITY-ST-ZIP	RUSKIN FL		6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33325	

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 617, 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 3/23/99 (813) 677-5475  
 Date Daytime Phone #

CR2F037 (11/98)