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 # P93000088051 (6)

1. Corporation Name

HAPPY FISH, INC.

Principal Place of Business	Mailing Address
350 FIFTH AVE., SOUTH NAPLES FL 33940	350 FIFTH AVE., SOUTH NAPLES FL 33940

3. Date Incorporated or Qualified **12/20/1993**	**3a.** Date of Last Report **10/05/1995**	

2. Principal Place of Business		2a. Mailing Address	26		4. FEI Number **65-0458756**	Applied For
						Not Applicable
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.			5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State		28 City & State			6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country		8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

NICKEL, GUDRUN M
350 FIFTH AVENUE SOUTH
#200
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 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.

Signature, typed or printed name of registered agent and title if applicable.   NOTE: Registered Agent signature required when re-signing.   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DPST** NAME **BRUGGLER, JOSEF** STREET ADDRESS **ROMERWEG 106-A 6 100** CITY-ST-ZIP **SEEFELD/TIROL AUSTRA** ☐ DELETE		1.1 TITLE 1.2 NAME Bruggler, Josef 1.3 STREET ADDRESS Rainer Street 23A 1.4 CITY-ST-ZIP A-5310 Mondsee Austra A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily 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   Date   Daytime Phone #