

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

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P97000066308 (2)**  
 1. Corporation Name  
**FLORIDA AQUA FOODS, INC.**



Principal Place of Business Mailing Address

**SHUTTS & BOWEN LLP**  
**250 AUSTRALIAN AVE., S. SUITE 500**  
**W. PALM BEACH FL 33401**

**SHUTTS & BOWEN LLP**  
**250 AUSTRALIAN AVE., S. SUITE 500**  
**W. PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 **2501 S.W. 31st Street** 26 **2501 S.W. 31st Street**

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

23 **Fort Lauderdale, FL** 28 **Fort Lauderdale, FL**

24 **33312** 25 **USA** 29 **33312** 30 **USA**

3. Date Incorporated or Qualified  
**07/28/1997**

4. FEI Number **98-0181818** 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI**  
**1500 MIAMI CENTER**  
**201 S. BISCAYNE BLVD.**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
**President and Director**

NAME **W.B. (Bud) Kirchner**

STREET ADDRESS **1166 Alberni St Suite 1200**

CITY-ST-ZIP **Vancouver, BC V6E 3Z3 CANADA**

TITLE  DELETE  
**Vice President, Operations**

NAME **Bradley D. Hicks**

STREET ADDRESS **21222 - ;24th Avenue**

CITY-ST-ZIP **Langley, BC V2Z 2A8 CANADA**

TITLE  DELETE  
**Secretary and Treasurer**

NAME **Don A. Haliburton**

STREET ADDRESS **1475 Kamloops Street**

CITY-ST-ZIP **Vancouver, BC V5K 3V8 CANADA**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Don A. Haliburton** (604) 662-8999

CR2E034 (10/97)