

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K13465 (5)

1. Corporation Name

SALTWATER FARMS, INC.



Principal Place of Business

Mailing Address

% OSCAR REKSTEN
1625 W. PRINCETON ST.
ORLANDO FL 32804
US

% OSCAR REKSTEN
1625 W. PRINCETON ST
ORLANDO FL 32804
US

3. Date Incorporated or Qualified

02/02/1988

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REKSTEN, OSCAR
~~1625 W. SMITH ST~~
ORLANDO FL 32804

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1625 W. Princeton St

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]

Oscar Reksten

4-18-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
PD
REKSTEN, OSCAR
STREET ADDRESS
4439 WINDSMERE BLVD
CITY-ST-ZIP
ORLANDO-FL

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
1625 W. Princeton St
Orlando FL 32804

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME
STD
REKSTEN, SUSAN
STREET ADDRESS
4439 WINDSMERE BLVD
CITY-ST-ZIP
ORLANDO-FL

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
1625 W. Princeton St
Orlando FL 32804

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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]

Oscar Reksten

4-18-96

407-849-0534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)