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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 479392 1. Corporation Name

## Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90093 026 \*\*\*150.00

HUWARU GRUFF TRUPICAL FISH FARM, INC.									
Principal Place	e of Business	Ma	ailing Address				I INCHES DE COLOR CONTRE DE CONTRE D	J(811 8581 818	A SABAN BABAN NOBS
PO BOX 597			BOX 597				`		
BALM FL 33503 BALM FL 33503									
							DO NOT WRITE IN THIS SPACE		
							Date Incorporated or Qualifed		
							06/23/1975		
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Applied For
21	<u> </u>	26					59-1612746		Not Applicable
Suite, Apt.	#, etc.	ļ,	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional Required
22		27	03-030				<u> </u>		
City & Stat	e		City & State				6. Election Campaign Financing		O May Be d to Fees
23		28	7:	Cou	ntn.		Trust Fund Contribution		1 to Leas
Žīρ	Country	-	Zip		ппу		This corporation owes the current year In Personal Property Tax.	Tangibie ☐ Yes	□No
24	9. Name and Address of Curren	29	torod Agont	30	Ι		10. Name and Address of New Registered		
	9. Name and Address of Curren	it iveAis	itered Agent		81	Name	10. 11.		
GRO	OFF, HOWARD								<del></del>
15138 CARLTON LAKE ROAD					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		Ì
	IIA FL 33547				83				
,									
					84	City	FI	85 Zi	p Code
	the previous of Costions 607 050	2 and 6	07 1509 Florida State	utae tha s	hove	a-named come	oration submits this statement for the purpose of	f changing	its registered
office or r	registered agent or both in the State.	of Florid	da. Such change was	authorized	J DV	the corporatio	n's board of directors. I hereby accept the appo	intment as	registered
agent. I a	m familiar with, and accept the obliga		, Section 607.0505, F	ionda Stati	utes.	•			
SIGNATURE	Signature, typed or printed name of registered ager		if applicable. (NO	TE: Registered	l Agen	nt signature required	d when reinstating) DATE		
12.	OFFICERS AN			13.	<u>`</u> _		ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	FORS IN 12
TITLE	P		☐ DELETE	1.1 TI	TLE			☐ Chang	
NAME	GROFF, STEPHEN H.			1.2 N	AME				
STREET ADDRESS	15138 CARLTON LK RD.			1.3 \$1	TREET	T ADDRESS			
CITY-ST-ZIP	LITHIA FL			1.4 CI	TY-S1	T-Z}P			
TITLE	VP		☐ DELETE	2.1 TI				Chang	e Addition
NAME	GROFF, HOWARD E.			2.2 N	AME	1			
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CITY-ST-ZIP	LITHIA FL						•		
TITLE				2.40		ST-ZIP			
NAME		····· -	> DELETE	2.4 C 3.1-Tf	ITY-S	ST-ZIP		☐ Chang	e . 🗌 Addition
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CITY-ST-ZIP		<del></del>	> DELETE	3.1√T 3.2 N⁄	TLE AME			☐ Chang	e , Addition
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I NAME		_		3.1-TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT	TITY-S TILE AME TREET STY-S TILE	TADDRESS			
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: