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Feb 28 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726468 (2)**

1. Corporation Name  
**CLEARWATER SEA SALTS, INC.**

Principal Place of Business <b>CLEARWATER SEA SALTS, INC.</b> <b>1761 CARNEGIE AVE</b> <b>CLEARWATER FL 34616</b>	Mailing Address <b>CLEARWATER SEA SALTS, INC.</b> <b>709 PINWOOD DRIVE</b> <b>DUNEDIN FL 34698-7242</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/22/1973</b>		3a. Date of Last Report <b>03/12/1996</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
9. Name and Address of Current Registered Agent <b>ROBINSON, BILL</b> <b>709 PINWOOD DR.</b> <b>DUNEDIN FL 34698</b>				10. Name and Address of New Registered Agent			
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.				4. FEI Number <b>NOT APPLICABLE</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

81. Name <b>ROBINSON, BILL</b>		82. Street Address (P.O. Box Number is Not Acceptable) <b>709 PINWOOD DR.</b>		83. City <b>DUNEDIN</b>		84. Zip Code <b>FL 34698</b>	
SIGNATURE <i>William A. Robinson</i>		SIGNATURE <i>William A. Robinson</i>		DATE <b>2-5-97</b>			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BUJALSKI, JOHN</b>	1.1 TITLE <b>D Pres.</b>	NAME <b>GARY C. MILLER</b>
STREET ADDRESS <b>1650 FOX RD</b>	CITY-ST-ZIP <b>CLEARWATER FL 34624</b>	1.2 STREET ADDRESS <b>1620 MEMPHIS BOOTH RD</b>	CITY-ST-ZIP <b>CLEARWATER, FL 34619</b>
TITLE <b>TD</b>	NAME <b>ROBINSON, BILL</b>	2.1 TITLE <b>Treasurer</b>	NAME <b>Bill Robinson</b>
STREET ADDRESS <b>709 PINWOOD DRIVE</b>	CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	2.2 STREET ADDRESS <b>709 Pinewood Dr</b>	CITY-ST-ZIP <b>Dunedin, FL 34698</b>
TITLE <b>VPD</b>	NAME <b>MILLER, GARY</b>	3.1 TITLE <b>VPD</b>	NAME <b>Tom Bujalski</b>
STREET ADDRESS <b>117 9TH STREET</b>	CITY-ST-ZIP <b>BELLAIR BEACH FL 34635</b>	3.2 STREET ADDRESS <b>2202 LAUREN DR.</b>	CITY-ST-ZIP <b>LARGO, FL 34644</b>
TITLE <b>S</b>	NAME <b>KNIGHT, JIM</b>	4.1 TITLE <b>Secretary</b>	NAME <b>Jim Knight</b>
STREET ADDRESS <b>13854 78TH AVENUE</b>	CITY-ST-ZIP <b>SEMINOLE FL 34646</b>	4.2 STREET ADDRESS <b>13854-78th Av.</b>	CITY-ST-ZIP <b>Seminole, FL 34646</b>
TITLE <b></b>	NAME <b></b>	5.1 TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	5.2 STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>
TITLE <b></b>	NAME <b></b>	6.1 TITLE <b></b>	NAME <b></b>
STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>	6.2 STREET ADDRESS <b></b>	CITY-ST-ZIP <b></b>

14. I do 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.

**SIGNATURE:** *Gary C. Miller* **(813) 726-8886** **2/5/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)