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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002580 (6)

1. Corporation Name
MARINE HARVEST INTERNATIONAL SALES, INC.



Principal Place of Business
HARBOR ACRES FARM, INC.
439 MARLBOROUGH RD. PO BOX 8501
GLASTONBURY CT 06033

Mailing Address
HARBOR ACRES FARM, INC.
439 MARLBOROUGH RD. PO BOX 8501
GLASTONBURY CT 06033-2831

3. Date Incorporated or Qualified
05/20/1986

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
38-3087145

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRAIG, JAMES R
3000 NE 30TH PL #210
FT LAUDERDALE FL 33308

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	NELSON, JAMES D	
STREET ADDRESS	439 MARLBOROUGH RD	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE	DCVT	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, NEIL I M	
STREET ADDRESS	439 MARLBOROUGH RD	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIEVESON, JEREMY J	
STREET ADDRESS	439 MARLBOROUGH RD	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CANINO, ELLEN MARY	
STREET ADDRESS	439 MARLBOROUGH RD	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NELSON, JAMES D.	
1.3 STREET ADDRESS	439 MARLBOROUGH ROAD	
1.4 CITY-ST-ZIP	GLASTONBURY, CT 06033	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CANINO, ELLEN M.	
2.3 STREET ADDRESS	439 MARLBOROUGH ROAD	
2.4 CITY-ST-ZIP	GLASTONBURY, CT 06033	
3.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DELLAROCCH, KEITH R.	
3.3 STREET ADDRESS	439 MARLBOROUGH ROAD	
3.4 CITY-ST-ZIP	GLASTONBURY, CT 06033	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SKIBA, RICHARD M.	
4.3 STREET ADDRESS	439 MARLBOROUGH ROAD	
4.4 CITY-ST-ZIP	GLASTONBURY, CT 06033	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE:

Ellen M. Canino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLEN M. CANINO 3/21/97 860-633-4681
Date Daytime Phone

CR2E034 (9/96)