FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY 11 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # H28639 (3)

1. Corporation Name
SHELLFISH, INC.

Principal Place of Business	Mailing Address
5067 N. U.S. #1 P.O. BOX 947 GRANT FL 32949 US	5067 N. U.S. #1 P.O. BOX 947 GRANT FL 32949 US

3. Date Incorporated or Qualified: **11/05/1984**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2462838** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21; Suite, Apt. #, etc. — 22; City & State — 23; Zip — 24; Country — 25
2a. Mailing Address — 26; Suite, Apt. #, etc. — 27; City & State — 28; Zip — 29; Country — 30

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.--- Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REKSTEN, OSCAR
16 DOLLINS ST.,
ORLANDO FL 32855

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

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	CARLISLE, EDWARD, JR.
STREET ADDRESS	1901 S FEDERAL HWY
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	VD
NAME	REKSTEN, HOWARD
STREET ADDRESS	4670 S. HWY. A1A
CITY-ST-ZIP	MELBOURNE BEACH FL
TITLE	~~PO~~
NAME	~~CARLISLE, EDWARD, SR.~~
STREET ADDRESS	~~% 5067 N. U.S. HWY. 1~~
CITY-ST-ZIP	~~GRANT FL~~
TITLE	V
NAME	REKSTEN, OSCAR (ASST)
STREET ADDRESS	% 5067 N. U.S. HWY. 1
CITY-ST-ZIP	GRANT FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VDS	☑ 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	PD	☑ 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 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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Edward L. Carlisle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0421002 FP