

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H28639** (3)  
1. Corporation Name  
**SHELLFISH, INC.**



Principal Place of Business

5067 N. U.S. #1  
P.O. BOX 947  
GRANT FL 32949  
US

Mailing Address

~~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  
**05/11/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 **To Oscar Reksten**  
27 Suite, Apt. #, etc.  
28 **1625 W. Princeton St**  
29 City & State  
30 **Orlando FL**  
31 Zip  
32 **32804**  
33 Country  
34 **USA**

4. FEI Number  
**59-2462838**

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

REKSTEN, OSCAR  
16 DOLLINS ST.,  
ORLANDO FL 32855

Address  
Change →

81 Name **Oscar Reksten**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1625 W. Princeton St**  
83  
84 City **Orlando** FL 85 Zip Code **32804**

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 **Oscar Reksten**

(NOTE: Registered agent signature required when reinstating.)

DATE **4-18-96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
VDS	CARLISLE, EDWARD, JR.	1901 S FEDERAL HWY	FT LAUDERDALE FL	<input type="checkbox"/>
VD	REKSTEN, HOWARD	4370 S. HWY. A1A	MELBOURNE BEACH FL	<input type="checkbox"/>
PD	REKSTEN, OSCAR (ASST)	% 5067 N. U.S. HWY. 1	GRANT FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Oscar Reksten** 4/18/96

Date

Daytime Phone

CR2E034 (12/95)