

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H38846** (2)

1. Corporation Name

**AQUACULTURE RESEARCH/ENVIRONMENTAL ASSOCIATES, I
NC.**



Principal Place of Business

Mailing Address

**P.O. BOX 1303
HOMESTEAD FL 33090**

**P.O. BOX 1303
HOMESTEAD FL 33090**

3. Date Incorporated or Qualified

01/21/1985

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2484619

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWMAN, DAVID S.
ONE E. BROWARD BLVD
1200
FT. LAUDERDALE FL 33301**

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 ☐ DELETE

**PD
MULVIHILL, MICHAEL P.
19345 SW 310TH STREET
HOMESTEAD FL**

1.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

**SD
MULVIHILL, ADRIENNE W.
19345 SW 310TH STREET
HOMESTEAD FL**

2.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

3.2 NAME

CITY - ST - ZIP

3.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

3.4 CITY - ST - ZIP ☐ Change ☐ Addition

STREET ADDRESS

4.1 TITLE

CITY - ST - ZIP

4.2 NAME

TITLE ☐ DELETE

NAME

4.3 STREET ADDRESS ☐ Change ☐ Addition

STREET ADDRESS

4.4 CITY - ST - ZIP

CITY - ST - ZIP

5.1 TITLE

TITLE ☐ DELETE

NAME

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME

6.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS

6.2 NAME

CITY - ST - ZIP

6.3 STREET ADDRESS

TITLE ☐ DELETE

NAME

6.4 CITY - ST - ZIP ☐ Change ☐ Addition

STREET ADDRESS

6.5 CITY - ST - ZIP

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(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 holder of a trust empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes, or on an addition, deletion, or address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/96

305-248-4205

CR2E034 (12/95)