

<p>PROFIT CORPORATION ANNUAL REPORT 1996</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS</p>
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INTERNATIONAL FISH HATCHERY, INC.

Principal Place of Business	Mailing Address
% PEARL A. ABRAMS 18651 NALLE ROAD N FT MYERS FL 33917	% PEARL A. ABRAMS 18651 NALLE ROAD N FT MYERS FL 33917

3. Date Incorporated or Qualified 05/02/1989	3a. Date of Last Report 02/14/1995
4. FEI Number 65-0225129	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

ABRAMS, PEARL A.
18651 NALLE ROAD
N FT MYERS FL FL 33917

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

Signal: re-typed or printed name of registered agent and the following applicable

(NOTE: Registered Agent signature required when circulating)

Call

12 OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ABRAMS, GARY M.	
STREET ADDRESS	18651 NALLE ROAD	
CITY - ST - ZIP	N FT MYERS FL	<input type="checkbox"/> RELEASE

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ABRAMS, PEARL A.	
STREET ADDRESS	18651 NALLE ROAD	
CITY - ST - ZIP	N FT MYERS FL	<input type="checkbox"/> DELETE

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	<input type="checkbox"/> DELETE

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition

1.1 TITLE _____

1.2 NAME _____

1.3 STREET ADDRESS _____

1.4 CITY - ST - ZIP _____

2.1 TITLE ☐ Change ☐ Add/Rev

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP ☐ Change ☐ Add/Rev

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST. ZIP

4.1 TITLE _____ ☐ Change ☐ Addition

4.2 NAME _____

4.3 STREET ADDRESS _____

4.4 CITY - ST - ZIP _____

5.1 TITLE _____

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
CADUCEUS 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 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: Earl Adams FEARL
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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