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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # **P93000020589 (6)**

1. Corporation Name

SHRIMP CULTURE II, INC.

Principal Place of Business	Mailing Address
11430 SW 88TH ST., #309 MIAMI FL 33176	11430 SW 88TH ST., #309 MIAMI FL 33176

3. Date Incorporated or Qualified: **03/16/1993**
3a. Date of Last Report: **01/20/1995**

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

4. FEI Number: **65-0464984** ☐ 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

NORELL, HAMMERIS G
13370-C SW 91 TERR
MIAMI FL 33186

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	C	☐ DELETE	1 TITLE	☐ Change ☐ Addition
1 NAME	HEERIN, JAMES E		1 NAME	
1 STREET ADDRESS	420 S. YORK RD.		1 STREET ADDRESS	
1 CITY-ST-ZIP	HATBORO PA 19040		1 CITY-ST-ZIP	
2 TITLE	P	☐ DELETE	2 TITLE	☐ Change ☐ Addition
2 NAME	PARKMAN, RALPH W		2 NAME	
2 STREET ADDRESS	8265 SW 177TH TERRACE		2 STREET ADDRESS	
2 CITY-ST-ZIP	MIAMI FL 33157		2 CITY-ST-ZIP	
3 TITLE	VP	☐ DELETE	3 TITLE	☐ Change ☐ Addition
3 NAME	PENDLETON, KIRK P		3 NAME	
3 STREET ADDRESS	75 JAMES WAY		3 STREET ADDRESS	
3 CITY-ST-ZIP	SOUTHAMPTON PA 18966		3 CITY-ST-ZIP	
4 TITLE	S	☐ DELETE	4 TITLE	☐ Change ☐ Addition
4 NAME	NORELL, HAMMERIS G		4 NAME	
4 STREET ADDRESS	13370-C SW 91 TERR		4 STREET ADDRESS	
4 CITY-ST-ZIP	MIAMI FL		4 CITY-ST-ZIP	
5 TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
5 NAME			5 NAME	
5 STREET ADDRESS			5 STREET ADDRESS	
5 CITY-ST-ZIP			5 CITY-ST-ZIP	
6 TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
6 NAME			6 NAME	
6 STREET ADDRESS			6 STREET ADDRESS	
6 CITY-ST-ZIP			6 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)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1/15/95 (305) 594-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)