

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000072457 (3)**

1. Corporation Name

ATLANTIC AQUACULTURE TECHNOLOGIES, INC.



Principal Place of Business

**616 AZALEA LANE
VERO BEACH FL 32963**

Mailing Address

**616 AZALEA LANE
VERO BEACH FL 32963**

2. Principal Place of Business

21 Subst. App. #, etc.

22 City & State

23 Zip

Country

9. Name and Address of Current Registered Agent

**BLOCK, SAMUEL A
2127 10TH AVENUE
VERO BEACH FL 32960**

2a. Mailing Address

26 Subst. App. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/19/1993

3a. Date of Last Report

01/19/1995

4. FEI Number

65-0447212

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

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 607.0602 and 607.0603, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0603, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

2. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

3. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

8. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

14. I hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information made up of 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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, if changed, or on Block 14, if new.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

1107-2344144

CR2E034 (12/95)