FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1, Corporation Name P94000023352 (5)

FILED Apr 28 1998 8:00am Secretary of State

QUASI	ANGEL FISH FARMS, IN	C.		L (BANGA) HA (BIN) BIRN BANK BANK BANK BANK BANK	(1880) (1886) (1881 8) (188 1881 1881
Principal Place of Business Mailing Address				1 10011501 118 10111 01011 50111 00111 00111 00111	INDER STINK ATTAIL ATTEN TIES TRES
6001 NORTHWEST 87 AVENUE P.O. BOX 63-4541					
BUILDING A & B MARGATE FL 33063 PARKLAND FL 33134				DO NOT WRITE IN THE	IS SPACE
PARKENIE I	C 03104			3. Date Incorporated or Qualified	- IS SI AGE
1				03/28/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26		26		65-0482199	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
27				5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Counts	28	1 0	Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Cur	rent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
THE	DER, RICHARD J.	Tone trogistions Agoni	B1 Name	It, mante and Address of New Programme	A vada
494 SPINNAKER AVE.					
FT. LAUDERDALE FL 33326			82 Street A	Address (P.O. Box Number is Not Acceptable)	j
Г1,	DADDENDALE PL 33320		83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508, Florida Stalul	tes. the above-named o	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.					
	in termial that, and accept the or	inganiona on, occiron correction	Onda Dialutes	·	
SIGNATURE	Signature: typrid or printed name of registered	Legent and tille if applicable. (NO)	f - Registered Agent signature r	required when reinstating) DATE	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME			1.2 NAME		
STREET ADDRESS	6001 NORTHWEST 87 AVE	ENUE, BUILDING A & B	1.3 STREET ADDRESS		
CITY-ST-ZIP	PARKLAND FL 33134		1.4 CITY+ST-ZIP		
TITLE		☐ DELETE	21 TITLE		L Change
NAME			2 2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP		Change Addition
NAME		ETI DECESE	3.1 TITLE 3.2 NAME		L Change L Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TiTLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 suppliemental 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.