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

PROFIT CORPORATION ANNUAL REPORT



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

DIVISION OF CORPORATIONS

1996

## P95000047082 (9) **DOCUMENT #**

	DA LIVING AQUACULTURE,	INC.			
Principal Plac	co of Business	Mailing Address		ı andrenen inn elben Beier Bhill Chi	in nanu dakt bidit indut dhint ilbih libi (84)
3839 4TH STREET NORTH SUITE 400		3839 4TH STREET NO SUITE 400	ORTH		
ST. PETERS	BURG FL 33703	ST. PETERSBURG FL	33703		
··				<ol> <li>Date Incorporated or Qualified 06/13/1995</li> </ol>	3a. Date of Last Report
	Tace of Business	2a. Mailing Address		4, FEt Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		59-3321 321	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23]		28		Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country	8. This corporation has liability to	r intangible tax under s. 199.032,
	9. Name and Address of Curren		30	Florida Statutes Ye  10. Name and Address of New	S No
			81 Name	10, 110, 110, 110, 110, 110, 110, 110,	Hedistoled watt
EDWARDS, WILLSON O		82 Street Ad		idress (P.O. Box Number is Not Accepta	able
3839 4TH STREET NORTH				Kireas ( 101 Day 110 Harrison to 110 Vaccation	
SUITE 4			83		
51. PE	ERSBURG FL 33703		84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Elorido Statu	too the shows period cover		
familiar w SIGNATURE	to the provisions of Sections 607,0502 and agent, or both, in the State of Florid oth, and accept the obligations of, Section	on 607.0505, Florida Statute	S.	pard or directors. Thereby accept the ap-	pointment as registered agent. I am
	Signative typied or printed name of registered again a		ICCE Ringistered Agent signature requ		DATE
12.	Styrutive: systed or printed name of registered agent a OFFICERS AND	DIRECTORS	IOTE Rogistered Agent signature requ	ured when reinstating)	DATE FICERS AND DIRECTORS IN 12
THEF	OFFICERS AND		13.	ured when reinstating) ADDITIONS/CHANGES TO OF	DATE
TITLE NAME	OFFICERS AND D EDWARDS, WILLSON O	DIRECTORS	13. 1 1 TITLE 1.2 NAME	ured when reinstating)	DATE FICERS AND DIRECTORS IN 12
TOTEE NAME SPREET ADDRESS	OFFICERS AND	DIRECTORS	13. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ured when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12
THEE NAME STREET ADDRESS ONY - ST-ZIP	OFFICERS AND D EDWARDS, WILLSON O 400 64TH AVENUE, PH-F	DIRECTORS	13. 1 1 TITLE 1.2 NAME	ured when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 Change X Addition
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certain that the minormation indicated on this arrival 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 altachment with an address.

SIGNATURE: William !!

01/19/96 813-821-2003