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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Aug 14 1997 8:00am

Secretary of State

4360606

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000058065** (0)

MOORE SHRIMP, INC.

Principal Place of Business

3808 CROSSBOW DRIVE COCOA FL 32928	3608 CROSSBOW DRIVE COCOA FL 32926-4494			
			3. Date Incorporated or Qualified 07/27/1995	3a. Date of Last Report 07/02/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3327991	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		G. Oblimodic of dialog Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for it	
24 25		0	Florida Statutes 10. Name and Address of New Reg	Yes No
9, Name and Address of Current I		81 Name	10. Name and Address of New Rel	Jistered Agent
THE LAW FIRM OF LAWRENCE J SPIE	UEL CHKID	VI Hame		
343 ALMERIA AVENUE		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
CORAL GABLES FL 33134		83		
		63		
		84 City		85 Zip Code
				FL P COOP
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				
Signature, typed or printed name of registered agent in the Signature of Printed Name of Printed AND		Registered Agent signature requir	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
12. OFFICERS AND I	DELETE	1.1 TITLE	ADENTIONS/CHANGES TO SET TO	Change Addition
NAME MOORE, EDWARD L		1.2 NAME		
AMA ANARAMAU DAKE		1.3 STREET ADDRESS		
ODODA EL ANORA				
CITY-ST-ZIP COCON FL 32820	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME MOORE, TERESA D		2.2 NAME		
STREET ADDRESS 3608 CROSSBOW DRIVE		2.3 STREET ADDRESS		
AAAA FI BAAAA		1		
CITY-ST-ZIP COCOA PL 32020	DELETE	2. 4 City-St-ZiP 3.1 Title		Change Addition
NAME	C) Vecele	3.2 NAME		
]		3.3 STREET ADDRESS		
STREET ADDRESS		3.4. CITY-ST-ZIP		
CITY-ST-ZIP	DELETE	4.1 TITLE		Change Addition
NAME	<u> </u>	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
i i		5.3 STREET ADDRESS		
STREET ADDRESS		4		
CITY-ST-ZIP	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
	DECEIT	6.2 NAME		
NAME DIRECT ADDRESS A				
STREET ADDRESS		6.3 STREET ADDRESS		
14. I do hereby certify that the information supplied	with this filing does not availfur	for the exemption stated	d in Section 119 07(3\/i) Florida Statutes	s. I further certify that the
Information indicated on this annual report or sup I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or c	pplemental annual report is tru le receiver or trustee empowel n an atlachment with an addre	e and accurate and that red to execute this repor	t my signature shall have the same lega	I effect as if made under oath; that