


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

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90033 008 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000007781

1. Corporation Name
SOUTH FLORIDA AQUACULTURE, INC.

Principal Place of Business
40801 SW 232ND AVE
FLORIDA CITY FL 33034

Mailing Address
40801 SW 232ND AVE
FLORIDA CITY FL 33034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0634443	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEFOOR, J. ALLISON II HERSHOFF, LUPINO, DEFOOR & GREGG 90130 OLD HIGHWAY TAVERNIER FL 33070		81 Name SCOTT G. WILLIAMS 82 Street Address (P.O. Box Number is Not Acceptable) SHUTTS & BORDEN LLP 83 250 AUSTRALIAN AVE SO. SUITE 500 84 City WEST PALM BEACH FL 85 Zip Code 33401	

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 of 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 *SCOTT G. WILLIAMS* DATE **3/24/99**

(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JIM	1.2 NAME	
STREET ADDRESS	250 AUSTRALIAN AVE, SOUTH, SUITE 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOAGLAND, PETER	2.2 NAME	
STREET ADDRESS	67 BASS AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL 33037	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, MIKE	3.2 NAME	
STREET ADDRESS	PO BOX 803 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ISLAMORADA FL	3.4 CITY-ST-ZIP	
TITLE	FT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFOOR, J. ALLISON II	4.2 NAME	
STREET ADDRESS	90130 OLD HIGHWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAVERNIER FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, DAVID	5.2 NAME	
STREET ADDRESS	40801 SW 232 AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL	5.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, THOMAS	6.2 NAME	
STREET ADDRESS	3600 N. FEDERAL HWY. 2ND FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99 **561-842-3642**
Date Daytime Phone #

CR2E034 (1/1/98)