FILE NOW: FILING FEE AFTER MAY 1 IS \$550 0

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Secretary of Stat DIVISION OF CORPORTIONS

1997 DOCUMENT # P9600010050 (8)

TOTALLY TROPICAL FISH, INC.

FILED Apr 11 1997 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 3. 4. FET N	(1941 114 18118 41111 44111 8A111 8A111		. PR C
22. Principal Place of Business		22101 11911 2011 10141 21	(), 48 () (42)
2. Principal Place of Business 22. Mailing Address 3. Data 26 17 17 17 17 17 17 17 1			
22. Principal Place of Business 25. Suite, Apt. #, etc. 26. Certiff 27. Coy & State 28. Cry & State 28. Cry & State 29. Cry & State 29. Cry & State 20. Cry & State 21. Cry & State 22. Cry & State 22. Cry & State 23. Cry & State 24. Cry & State 25. Cry & State 26. Electif Trust 27. Country 28. This Cry 29. Both Cry 29. Both Cry 29. Both Cry 30. Name and Address of Current Registered Agent 30. Name 31. Name 34. Cry 35. Cry 36. Cry 37. Cry 37. Cry 38. This Cry 39. Street Address (P.O. Both Cry 39. Street Address (P.O.	Incorporated or Qualified	3a. Date of Last	Report
Suite, Apt #, etc. Suite,			Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Scretch	0637670		Vot Applicable
City & State City & State City & State City	ficate of Status Desired	7	Additional Required
ZIP Country ZIP Country SIP SO	ion Campaign Financing Fund Contribution		May Be
Page 1 25	corporation has liability for in		
9. Name and Address of Current Registered Agent AYLWIN, DANA 4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the analysis of the corporation submodifice or registered agent, or both, in the State of Florida. Such change was authoby the corporation's board of agent. I and familiar with, and accept the obligations of section 607.0505, Florida estatutes, the corporation's board of agent. I and familiar with, and accept the obligations of section 607.0505, Florida estatutes, agent agen	ta Statutes e and Address of New Rec		····
AYLWIN, DANA 4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the named corporation submodified or registered agent, or both, in the State of Florida. Such change was autholy the corporation's board of agent. I transferred agent and tent attendance with, and accept the obligations of, Section 607.0505, Florida 6s. SIGNATURE SIGNATURE INTE MOORE, DAVID STREET ADDRESS CHY. ST. 2P TITLE NAME SIREET ADDRESS CHY. ST. 2P TITLE NAME	o dire Addison of their tree	John Company	
4250 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 4 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, Pave-named corporation subnotines or registered agent, or both, in the State of Florida, Such change was authory the corporation's board of agent. I tent familiar with, and accept the obligations of, Section 607,0505, Florida 68. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE MOORE, DAVID STREET ADDRESS CITY ST- 2P TITLE NAME SIREET ADDRESS CITY ST- 7P TITLE NAME STREET ADDRESS TY ST- 7P TITLE NAME STREET ADDRESS CITY ST- 7P TITLE NAME STREET ADDRESS TY ST- 7P TITLE NAME STREET ADDRESS TY ST- 7P TITLE NAME STREET ADDRESS CITY ST- 7P TITLE NAME STREET ADDRESS TY ST- 7P TITLE NAME			
11. Pursuant to the previsions of Sections B07,0502 and 607.1508. Florida Statules, trive-named corporation submother or registered agent, or both, in the State of Florida Such change was authoby the corporation's board of agent. It am familiar with, and accept the obligations of, Section 607.0505, Florida es. SIGNATURE SIGNATURE Signature, spiret or prefect name of registered agent and state if applicable NOTE. Regident eignature required when reinstate applicable NOTE. Regident eignature required when reinstate applicable INOTE. Regident eignature required when reinstate applicable NOTE. Regident eignature required when reinstate applicable NOTE. Regident eignature required when reinstate applicable NOTE. Regident eignature required when reinstate applicable INOTE. Regident eignature required when reinstate applicable NOTE. Regident eignature required when reins	ox Number is Not Acceptable	le}	
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508. Florida Statules, this named corporation subtraction office or registered agent, or both, in the State of Florida, Such change was authoby the corporation's board of agent I am taminar with, and accept the obligations of, Section 607.0505. Florida es. SIGNATURE SIGNATURE INCITE THE SIGNATURE SIGN			
Olinice of registratural with, and accept the obligations of, Section 607.000.5. Fronto: SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE MOORE, DAVID SIRVET ANDRESS CITY ST- 2IP TITLE NAME STREET ADDRESS CITY ST- 2IP SIRVET ADDRESS TY ST- 2IP DELETE LE ME NAME SIRVET ADDRESS TY ST- 2IP DELETE LE ME NAME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE ME ME SIRVET ADDRESS TY ST- 2IP DELETE ME ME ME ME SIRVET ADDRESS TY ST- 2IP DELETE ME ME ME SIRVET ADDRESS TY ST- 2IP			Code
Olinice of registratural with, and accept the obligations of, Section 607.000.5. Fronto: SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE MOORE, DAVID SIRVET ANDRESS CITY ST- 2IP TITLE NAME STREET ADDRESS CITY ST- 2IP SIRVET ADDRESS TY ST- 2IP DELETE LE ME NAME SIRVET ADDRESS TY ST- 2IP DELETE LE ME NAME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE LLE ME ME SIRVET ADDRESS TY ST- 2IP DELETE ME ME SIRVET ADDRESS TY ST- 2IP DELETE ME ME ME ME SIRVET ADDRESS TY ST- 2IP DELETE ME ME ME SIRVET ADDRESS TY ST- 2IP	mits this statement for the ru	urnose of changing	its registered
SIGNATURE Signature, typed or printed mane of represent agent and state it applicable OFFICERS AND DIRECTORS THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME STREET ADDRESS TY-ST-ZIP THLE NAME			
12. OFFICERS AND DIRECTORS THLE NAME STREET ANDRESS CITY ST-2IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME	(100) IONS/CHANGES TO OFFIC	DATE	
THE NAME STREET ANDRESS COTY ST-ZIP THE NAME STREET ADDRESS COTY-ST-ZIP THE NAME	IONS/CHANGES TO OFFICE	Change	
NAME STREET ADDRESS CHY ST- ZIP TITLE NAME STREET ADDRESS STR			
STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY ST-ZIP TITLE NAME			
DELETE FT. LAUDERDALE FL 33334 DELETE F ITHE			
TITLE		☐ Change	Addition
STHEET ADDRESS STITLE DELETE			_
STHEET ADDRESS Y-ST-ZIP DELETE IR NAME			
DELETE E			
TITLE NAME STREET ADDRESS		Change	Addition
NAME			
STREET ADDRESS IY-ST-ZIP DELETE LE			
City St 70P			
VITE		Change	Addition
NAME			
STREET ADDRESS TY-ST-ZIP			
CITY-S1-ZIP			
TITLE		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TILE ME			
STREET ADLESSS CITY-ST-7IP DELETE ILE MME			
CITY-ST-7IP DELETE ILE			
TILLE		Change	Addition
NAM! IREET ADDRESS			
STREEL ADDRESS TY-ST-ZIP City-St-ZiP 14. I do hereby certify that the information supplied with this filling does not quallexemption stated in Section 14. I do hereby certify that the information supplied with this filling does not quallexemption stated in Section 15. I do hereby certify that the information supplied with this filling does not quallexemption stated in Section 16. I do hereby certify that the information supplied with this filling does not quallexemption stated in Section 17. St. ZiP	119.07(3)(i). Florida Statute	s. I further certify th	at the
CITY-\$1-70° CI	ire shall have the same lega	il effect as if made i	under path; the
	ed by Chapter 607, Florida S	itatutes; and that my	/ name
Information introduced to the corporation or the receiver of trouble with an ad appears in Block 12 or Block 13 if changed, or on an attachment with an ad appears in Block 12 or Block 13 if changed.	/ /.		
appears in tricking	417197		
SIGNATURE:	Date	Daytime Phone	* 09227