

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

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Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000066308 (2)**

1. Corporation Name

FLORIDA AQUA FOODS, INC.

Principal Place of Business

SHUTTS & BOWEN LLP
250 AUSTRALIAN AVE., S. SUITE 500
W. PALM BEACH FL 33401

Mailing Address

SHUTTS & BOWEN LLP
250 AUSTRALIAN AVE., S. SUITE 500
W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2501 S.W. 31st Street	26 2501 S.W. 31st Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Fort Lauderdale, FL	28 City & State Fort Lauderdale, FL
24 Zip 33312	29 Zip 33312
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 07/28/1997	4. FEI Number 98-0181818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 1500 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number Is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President and Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W.B. (Bud) Kirchner	1.2 NAME	
STREET ADDRESS	1166 Alberni St Suite 1200	1.3 STREET ADDRESS	
CITY-ST-ZIP	Vancouver, BC V6E 3Z3 CANADA	1.4 CITY-ST-ZIP	
TITLE	Vice President, Operations	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bradley D. Hicks	2.2 NAME	
STREET ADDRESS	21222 - 24th Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Langley, BC V2Z 2A8 CANADA	2.4 CITY-ST-ZIP	
TITLE	Secretary and Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don A. Haliburton	3.2 NAME	
STREET ADDRESS	1475 Kamloops Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Vancouver, BC V5K 3V8 CANADA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don A. Haliburton

(604) 662-8999

CR2E034 (10/97)