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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

000000000

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90076 022 ***158.75

DOCUMENT # P98000 1. Corporation Name FISH ALIVE, INC.	000606				
Principal Place of Business	Mailing Address		T 16811691 (18 1518) 18111 98111 96111 96111 96	titt Betti Berig etter Bette ette idet	
2428 BROADWAY	2429 BRODOWAY				
RIVIERA/BEACH FL 33404 RIVIERA BEACH FL 33404			DO NOT WRITE IN TH	HIS SPACE	
\			3. Date Incorporated or Qualifed	10 01 710	
			01/05/1998		
2. Principal Place of Business	2a. Mailing Address	1.	4. FEI Number	Applied For	
21 1420 OceAN Way	26 1420 OC	ean Way		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 Ap+ 4-V	27 Apt 4-1	<u></u>			
City & State	28 Jupiter	TIA.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Supiter +A	Zip Zip	Country	This corporation owes the current year	Intangible	
24 33477 25 U.S A	29 33477 3	- ///	Personal Property Tax.	☐ Yes (MNo	
9. Name and Address of Currer			10. Name and Address of New Register	ed Agent	
			B1 Name J. Michael Linville		
BOSSO, WILLIAM JUR.				1-11	
2428 BROADWAY	_		ress (P.O.Box Number is Not Acceptable)	pt 4 - D	
AIVIERA BEACA FL 23404		83	/	' '	
	4 '	84 City 3	upiter F	L 85 Zip Code 77	
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am fataillar with, and accept the biligation of the state agent. Signature, typed or printed name of registered age	of Florida. Such change was autrations of, Section 607.0505, Florid	, the above-hamed corporation to the corporation of	on's board of directors. Thereby accept the appearance of the appe	29	
	ND DIRECTORS .	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE # /	DELETE	1.1 TITLE		AND DIRECTORS IN 12 Change Addition	
NAME BOSSQ, WILLIAM J.A.		1.2 NAME			
STREET ADDRESS 2428 BROADWAY		1.3 STREET ADDRESS	**		
CITY-ST-ZIP RIVIERA BEACH PL 384Q4		1.4 CITY-ST-ZIP		Change Addition	
TITLE	☐ DELETE	2.1 ππLE		Cliarige Addition	
NAME J.Michael LINY	ille not 4-D	2.2 NAME	· ·	}	
STREET ADDRESS 420 OCEAN U	24-31-1-	2.3 STREET ADDRESS	and the first of 		
cry-st-zip superen +1	A: JJY / / DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition	
TITLE /		3.2 NAME			
NAME STREET ADDRESS		3.3 STREET ADDRESS	•		
		3.4. CITY-ST-ZIP			
CITY-ST-ZIP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		4. 2 NAME		a summer	
STREET ADDRESS		4.3 STREET ADDRESS		,	
CITY-ST-ZIP	•	4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		•	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		P	
TILE .	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME .	•	6.2 NAME		}	
STREET ADDRESS		6.3 STREET ADDRESS	•	Ì	
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, with all other like empowered.

SIGNATURE:

LEQUIRED DAME OF SIGNING OFFICER OR DIRECTOR

748-4873 Daytime Phone #