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

FILED
99 OCT -1 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000040899**

1. Corporation Name
FUTURE FISH FARMS, INC.

Principal Place of Business	Mailing Address
450 EAST OLAS BLVD SUITE 950 FORT LAUDERDALE FL 33301	450 EAST OLAS BLVD SUITE 1500 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5672 Jabez Road
Suite, Apt. #, etc.
22
City & State
23 Brevard County FLORIDA
Zip Country
24 25

2a. Mailing Address
26 450 East Las Olas Blvd
Suite, Apt. #, etc.
27 suite 1500
City & State
28 Fort Lauderdale FL
Zip Country
29 33301 30

3. Date Incorporated or Qualified
05/04/1998

4. FEI Number 65-0901670 — Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

RICHARDSON, GEX F
450 EAST OLAS BLVD
SUITE 950
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: CRis Brandon
82 Street Address (P.O. Box Number is Not Acceptable): 450 East Las Olas Blvd
83 suite 1500
84 City: Fort Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Section 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	~~President~~	☐ DELETE
NAME	~~Gex Richardson~~	
STREET ADDRESS	~~450 East Las Olas Blvd. suite 950~~	
CITY-ST-ZIP	~~Ft Lauderdale FL 33301~~	
TITLE	~~Vice President~~ President	☐ DELETE
NAME	Ray Chasteen	
STREET ADDRESS	~~450 East Las Olas Blvd suite 1500~~	
CITY-ST-ZIP	~~Ft Lauderdale FL 33301~~	
TITLE	~~Secretary~~	☐ DELETE
NAME	~~Cris Brandon~~	
STREET ADDRESS	~~450 East Las Olas Blvd suite 1500~~	
CITY-ST-ZIP	~~Ft Lauderdale FL 33301~~	
TITLE	Secretary/Treasurer	☐ DELETE
NAME	Cris Brandon	
STREET ADDRESS	450 East Las Olas Blvd suite 1500	
CITY-ST-ZIP	Fort Lauderdale FL 33301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☑ Addition
1.2 NAME	Ray Chasteen	
1.3 STREET ADDRESS	450 E Las Olas Blvd, Suite 1500	
1.4 CITY-ST-ZIP	Ft Lauderdale, FL 33301	
2.1 TITLE	Secretary, Treasurer	☐ Change ☑ Addition
2.2 NAME	Cris V. Brandon	
2.3 STREET ADDRESS	450 E Las Olas Blvd, Suite 1500	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	300003008203--3	
3.3 STREET ADDRESS	-10/07/99--01022--009	
3.4 CITY-ST-ZIP	****550.00 ****550.00	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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. KB

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)