

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 311829 (6)

1. Corporation Name
DELRAY SEAFOODS INC



Principal Place of Business: 120 S.E. FOURTH AVENUE DELRAY BEACH FL 33483
Mailing Address: 120 S.E. FOURTH AVENUE DELRAY BEACH FL 33483

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields for additional locations.

3. Date Incorporated or Qualified: 12/14/1966
3a. Date of Last Report: 02/27/1995
4. FEI Number: 59-1159579
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

GRIEK, MOREVA C.
17640 WAGON WHEEL DRIVE
BOCA RATON FL 33496

10. Name and Address of New Registered Agent

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 607.0532 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, Sections 607.0509, Florida Statutes.

SIGNATURE: *Moreva C. Griek*

DATE: 1/19/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | GRIEK, ROBERT W | |
| STREET ADDRESS | 17640 WAGONWHEEL DR | |
| CITY-STATE-ZIP | BOCA RATON FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GRIEK, MOREVA C. | |
| STREET ADDRESS | 17640 WAGON WHEEL DRIVE | |
| CITY-STATE-ZIP | BOCA RATON FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | ARANT, AMANDA | |
| STREET ADDRESS | 17640 WAGONWHEEL DR | |
| CITY-STATE-ZIP | BOCA RATON FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | GRIEK, CHRISTOPHER | |
| STREET ADDRESS | 21747 CONTADO RD | |
| CITY-STATE-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-STATE-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-STATE-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | <i>Amanda Arant</i> |
| 3.3 STREET ADDRESS | <i>48 Baytree Circle</i> |
| 3.4 CITY-STATE-ZIP | <i>Boynton Beach FL 33462</i> |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-STATE-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-STATE-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 in Block 14 if changed, with an address:

SIGNATURE: *Moreva C. Griek*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/19/96
FILE NO: 407-228-3111

CR2E034 (12/95)