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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 311829

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DELRAY SEAFOODS INC

SIGNATURE:

PLLINI	OLAI OODO INO			1 1 00100 111 0 1 11 0 01 1100 1 1 110 1110 1	0,14% 0;0% \$10% 0;0% 0;0% 0;0% 0;0%
Principal Place	of Business	Mailing Address			818 918 818 818 818 819
120 S.E. FOURTH AVENUE		120 S.E. FOURTH AVEN	UE		
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483					
				3. Date Incorporated or Qualified 12/14/1966	3a. Date of Last Report 01/30/1996
2. Principa: Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1159579	Not Applicable
Suite, Apt. (#, 0 10	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 25 Current	29	30		Yes No
9. Name and Address of Current Registered Agent GRIEK, MOREVA C. 81 Name Name					
	40 WAGON WHEEL DRIVE		Charles Add	(D.C. Dav N. sabaria Nat Assault	-1-1
BOCA RATON FL 33496				ress (P.O. Box Number is Not Acceptal	oie)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		63		
			84 City		85 Zip Code
11 Dura cont.	o the provincian of Cactions 207 060	12 and 607 1609 Florida State	too the share named core	poration submits this statement for the	FL 89 ZIP COOR
office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corporat	tion's board of directors. I hereby acce	pt the appointment as registered
J	m famil-ar with, and accept the oblig	ations of, Section 607.0505, f	florida Statutes.		
SIGNATURE.	Signature: typed or princed name of register-1 aga	enn and the ill applicable (NC	OTE. Registered Agent signature requir	red when reinstaling)	DATE
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
†:TL f	P POPERT W	☐ DELETE	1.1 717LE		☐ Change ☐ Addition
NAME	GRIEK, ROBERT W 17640 WAGONWHEEL DR		1.2 NAME		
STREET ADDRESS	BOCA RATON FL		1.3 STREET ADDRESS 1.4 CITY - ST-ZIP		
CITY-ST-ZIP TITLE	V	DELETÉ	2 1 TITLE		Change Addition
NAM!	GRIEK, MOREVA C.		2.2 NAME		_ • -
STREET ADDRESS	17640 WAGON WHEEL DRIVE		2.3 STREET ADDRESS		
CHTY+S1+ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP		
TITLE	T	DELETE	3.1 TITLE		Change Addition
NAME .	ARANT, AMANDA 48 BAYTREE CIRCLE		3.2 NAME		
STREET ADDRESS	BOYNTON BEACH FL		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
CITY - ST - Z-P TITLE	S	DELETE	4.1 TITLE		Change Addition
NAME	GRIEK, CHRISTOPHER		4. 2 NAME		
STREET ADDRESS	21747 CONTADO RD		4.3 STREET ADDRESS		
C(TY - S1 - ZIP	BOCA RATON FL		44 CHY-ST-ZIP		
THILE		L_] DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ACORESS			5.3 STREET ADDRESS		
CITY-SI-ZIF TITLE		DELEYE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME		<u> </u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - 71P		···	6.4 CITY - ST - ZIP		
informatio	ri indicated on this annual report or :	supplementa, annual report is rithe receiver or trustee empo	s true and accurate and that owered to execute this repo	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same leg- rt as required by Chapter 607, Florida s	al effect as if made under oath; that