

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90187 011 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 311829**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/14/1966**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29

9. Name and Address of Current Registered Agent  
**GRIEK, MOREVA C.  
 4640 COCONUT LANE  
 BOYNTON BEACH FL 33436**

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 607.0502 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRIEK, ROBERT W</b>	1.2 NAME	
STREET ADDRESS	<b>4640 COCONUT LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P/O President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRIEK, MOREVA C.</b>	2.2 NAME	<b>Moreva C Griek</b>
STREET ADDRESS	<b>4640 COCONUT LANE</b>	2.3 STREET ADDRESS	<b>4640 Coconut Lane</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	2.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33436</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>O Secretary, Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARANT, AMANDA</b>	3.2 NAME	<b>Amanda Arant</b>
STREET ADDRESS	<b>48 BAYTREE CIRCLE</b>	3.3 STREET ADDRESS	<b>48 Baytree Circle</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33462</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>O Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRIEK, CHRISTOPHER</b>	4.2 NAME	<b>Christopher Griek</b>
STREET ADDRESS	<b>21747 CONTADO RD</b>	4.3 STREET ADDRESS	<b>21747 Contado Rd</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>
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, with all other like empowered.

SIGNATURE: **X** *[Signature]* **2/2/99** **561-278-3111**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)