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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F38480** **(2)**

1. Corporation Name

BAY SEAFOOD OF THE FLORIDA KEYS, INC.

Principal Place of Business

413 SOMBRERO BEACH ROAD
MARATHON FL 33050
US

Mailing Address

413 SOMBRERO BCH. ROAD
MARATHON FL 33050
US

3. Date Incorporated or Qualified: 08/10/1981	3a. Date of Last Report: 04/25/1995
4. FEI Number: 59-2142175	Applied For / Not Applicable
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 [X] Yes [ ] No	

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MILLER, ROBERT K. ESQ.
CUNNINGHAM, ALBRITTON, LENZI ETAL
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name: STEVEN L. APPLEGATE
82 Street Address (P.O. Box Number is Not Acceptable): [illegible]
83 [illegible]
84 City: [illegible] FL 85 Zip Code: [illegible]

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: STEVEN L. APPLEGATE — DATE: 2/23/96

Signature (Corporate Officer or Director) — Certified Agent Signature (required if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD [X] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	MOREIRA, LAZARO	1.2 NAME	
STREET ADDRESS	413 SOMBRERO BEACH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL	1.4 CITY-ST-ZIP	
TITLE	STD [ ] DELETE	2.1 TITLE: PSTD	[X] Change [ ] Addition
NAME	MOREIRA, IRENE	2.2 NAME: MOREIRA, IRENE	
STREET ADDRESS	413 SOMBRERO BEACH ROAD	2.3 STREET ADDRESS: 413 SOMBRERO BEACH ROAD	
CITY-ST-ZIP	MARATHON FL	2.4 CITY-ST-ZIP: MARATHON FLA.	
TITLE	[ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400001 75.5814 03/25/96 - 01030 - 036
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	5.1 TITLE	***200.00 [ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 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 a attachment with an address.

SIGNATURE: Irene Moreira — 2/23/96 — 305-743-4393

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

SC 8-22-96