

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra (P. M. M.) ...  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 PM 8:39

DOCUMENT # **P94000008495 (1)**

1. Corporation Name  
**MARTIN BRO'S SEAFOOD, INC.**

Principal Place of Business      Mailing Address  
**C/O JONATHAN H. GREEN, P.A.  
2400 S. DIXIE HWY., SUITE 105  
MIAMI FL 33133**      **C/O JONATHAN H. GREEN, P.A.  
2400 S. DIXIE HWY., SUITE 105  
MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**02/03/1994**

2. Principal Place of Business      2a. Mailing Address  
21 **23650 S.W. 122 Ave**      2a **23650 S.W. 122 Ave**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

23 **Princeton Florida**      28 **Princeton Florida**  
City & State      City & State

24 **33032**      25 **Dade**      29 **33032**      30 **Dade**  
Zip      County      Zip      County

4. FEI Number      Applied For  
**65-0468207**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution     

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**GREEN, JONATHAN H  
C/O JONATHAN H. GREEN, P.A.  
2400 S. DIXIE HWY., SUITE 105  
MIAMI FL 33133**

10. Name and Address of New Registered Agent  
81 Name **Dwight D. Wilcox Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable) **9500 S. Dadeland Blvd #700**  
83  
84 City **Miami**      FL      85 Zip Code **33156**

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  *[Signature]*      DATE **4-7-95**  
Signature typed or printed name of registered agent and title if applicable      NOTE: Registered Agent signature required when registering      DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>GREEN, JONATHAN H</b>
STREET ADDRESS	<b>2400 S. DIXIE HWY., SUITE 105</b>
CITY - ST - ZIP	<b>MIAMI FL 33133</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>William C. Martin</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>23650 S.W. 122 Ave</b>
1.3 STREET ADDRESS	<b>Princeton FL 33032</b>
1.4 CITY - ST - ZIP	<b>Title: President</b>
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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)(b), 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.

SIGNATURE:  *[Signature]*      DATE **3/9/95**      **305-257-2408**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Telephone Number