

FILED
Aug 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997 AMENDED** **\$61.25**

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

DOCUMENT # P95000075905
 1. Corporation Name
DUVAL STREET SEAFOOD COMPANY, INC.

Principal Place of Business: **628 Duval Street KEY WEST, FL. 33040**
 Mailing Address: **628 Duval Street KEY WEST, FL. 33040**

Amended

3. Date Incorporated or Qualified: **10/03/1995**
 3a. Date of Last Report: **02/21/97**

4. FEI Number: **65-0635602**
 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: 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

GOLDEN, JARED F.
628-R DUVAL STREET
KEY WEST, FL. 33040

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 _____ DATE _____
Signature typed or printed name of registered agent and filed if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE: **President/Sec.** DELETE
 NAME: **GOLDEN, JARED F.**
 STREET ADDRESS: **628-R DUVAL STREET**
 CITY-ST-ZIP: **KEY WEST, FL. 33040**

TITLE: **V.Pres/Treas.** DELETE
 NAME: **GOLDEN, KEN**
 STREET ADDRESS: **628-R DUVAL STREET**
 CITY-ST-ZIP: **KEY WEST, FL. 33040**

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: DELETE
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition
 1.2 NAME: _____
 1.3 STREET ADDRESS: _____
 1.4 CITY-ST-ZIP: _____

2.1 TITLE: Change Addition
 2.2 NAME: _____
 2.3 STREET ADDRESS: _____
 2.4 CITY-ST-ZIP: _____

3.1 TITLE: Change Addition
 3.2 NAME: _____
 3.3 STREET ADDRESS: _____
 3.4 CITY-ST-ZIP: _____

4.1 TITLE: Change Addition
 4.2 NAME: _____
 4.3 STREET ADDRESS: _____
 4.4 CITY-ST-ZIP: _____

5.1 TITLE: Change Addition
 5.2 NAME: _____
 5.3 STREET ADDRESS: _____
 5.4 CITY-ST-ZIP: _____

6.1 TITLE: Change Addition
 6.2 NAME: _____
 6.3 STREET ADDRESS: _____
 6.4 CITY-ST-ZIP: _____

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14. I do 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.

SIGNATURE: *[Signature]* **JARED F. GOLDEN** **8/7/97** **(305) 295-0888**

CR2E034 (9/96)