

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90089 008 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000072019

1. Corporation Name
CAPTAIN SALTY'S SEAFOOD EAST, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2900 N.W. 75TH STREET
 SUITE C-200
 MIAMI FL 31147**

Mailing Address
**2900 N.W. 75TH STREET
 SUITE C-200
 MIAMI FL 31147**

3. Date Incorporated or Qualified
08/29/1996

4. FEI Number
72-1333791

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
24 Country

2a. Mailing Address
26 P.O. Box 3916
27 Suite, Apt. #, etc.
28 City & State
HOUMA, LA.
29 Zip
70361
30 Country
U.S.

9. Name and Address of Current Registered Agent

**SUMMIT CORPORATE SERVICES, INC.
 701 BRICKELL AVENUE
 SUITE 2150
 MIAMI FL 33131**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOISIN, MICHAEL C	1.2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE #2150	1.3 STREET ADDRESS	116 E. Ellendale Estates Court
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	HOUMA, LA. 70360
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOISIN, STEVEN A	2.2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE #2150	2.3 STREET ADDRESS	5162. DUNCANNON AVE.
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	WEST MINSTER, CA. 92683
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOISIN, ERNEST A	3.2 NAME	
STREET ADDRESS	701 BRICKELL AVENUE #2150	3.3 STREET ADDRESS	203 TINA ST.
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	HOUMA, LA. 70363
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-99

Date

(504) 868-7191

Daytime Phone #

CR2E034 (11/98)