

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # P96000078690 (0)**  
 1. Corporation Name  
**CORTEZ BAIT & SEAFOOD, INC.**



Principal Place of Business: **4258 119TH ST. WEST CORTEZ FL 34217**  
 Mailing Address: **PO BOX 579 CORTEZ FL 34215**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **4528 119th St. W. Suite, Apt. #, etc.**  
 2a. Mailing Address: **PO BOX 579**  
 3. Date Incorporated or Qualified: **09/20/1996**  
 4. FEI Number: **65-0699661**  
 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 or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: **WEIFFENBACH & THOMAS, P.A. 538 12TH ST W BRADENTON FL 34205**  
 10. Name and Address of New Registered Agent: **PT BANYAS, JOHN T. 4436 124th St. W. CORTEZ, FL 34215**

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	PT HANYAS, JOHN T	1.1 TITLE	PT BANYAS, JOHN T.
STREET ADDRESS	4436 124TH ST. WEST	1.2 NAME	4436 124th St. W.
CITY-ST-ZIP	CORTEZ FL 34217	1.3 STREET ADDRESS	CORTEZ, FL 34215
TITLE	VPS MCVEY, KIMBERLY J	1.4 CITY-ST-ZIP	
STREET ADDRESS	4436 124TH ST. WEST	2.1 TITLE	VPS
CITY-ST-ZIP	CORTEZ FL 34217	2.2 NAME	MCVEY, KIMBERLY J.
TITLE		2.3 STREET ADDRESS	4436 124th St. W.
STREET ADDRESS		2.4 CITY-ST-ZIP	CORTEZ, FL 34215
CITY-ST-ZIP		3.1 TITLE	
TITLE		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
TITLE		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.

SIGNATURE: \_\_\_\_\_

CR2E034 (10/97)