

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90108 007 ***150.00

DOCUMENT # 288524

1. Corporation Name
CHARLIE'S SHRIMP CO. INC.

Principal Place of Business
P. O. BOX 520661
MIAMI FL 33152

Mailing Address
P. O. BOX 520661
MIAMI FL 33152

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/11/1965

4. FEI Number 59-1170175
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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 17699 LAKE ESTATES DR
Suite, Apt. #, etc.

2a. Mailing Address
26 17699 LAKE ESTATES DR
Suite, Apt. #, etc.

City & State
23 MIAMI, FL

City & State
28 BOCA RATON, FL

Zip Country
24 33496 25 USA

Zip Country
29 33496 30 USA

9. Name and Address of Current Registered Agent

LUDWIG, BERNARD
7925 NW 12 ST
SUITE 318
MIAMI FL 33126

ADDRESS CHANGE

10. Name and Address of New Registered Agent

81 Name BERNARD LUDWIG
82 Street Address (P.O. Box Number is Not Acceptable)
17699 LAKE ESTATES DRIVE
83 BOCA RATON
84 City FL 85 Zip Code 33496

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	LUDWIG, ANNA	22065 CAMINO DELMAR	BOCA RATON FL	<input type="checkbox"/>
STD	LUDWIG, BERNARD	7925 NW 12ST SUITE 318	MIAMI FL 33126	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
STD	BERNARD LUDWIG	17699 LAKE ESTATES DRIVE	BOCA RATON, FL 33496	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Bernard Ludwig BERNARD LUDWIG 1-13-99 (56) 477-0067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)