

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **357310** (2)

1. Corporation Name
SEA FRESH FROZEN PRODUCTS, INC.



Principal Place of Business: **630 GLENN CHEEK DRIVE PO BOX 962 CAPE CANAVERAL FL 32920**
Mailing Address: **630 GLENN CHEEK DRIVE PO BOX 962 CAPE CANAVERAL FL 32920**

3. Date Incorporated or Dated: **12/31/1969** 3a. Date of Last Report: **03/21/1995**
4. FEIN Number: **59-1293354** Applied For: Not Applicable
5. Creation of Status Exempt: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability limited by law under s. 190.047, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

2. Principal Place of Business: **630 Glenn Cheek Drive** 2a. Mailing Address: **779 E. Merritt Isl. Cswy.**
22. City & State: **Port Canaveral, FL** 27. Suite: **Suite 707**
23. Zip: **32920** 28. City & State: **Merritt Island, FL**
24. Country: **USA** 29. Zip: **32952-3309** 30. Country: **USA**
9. Name and Address of Current Registered Agent

**FISCHER, R L
2570 NEWFOUND HARBOR DR
MERRITT ISLAND FL 32931**

81. Name: _____
82. Street Address (P.O. Box Number): Not Applicable
83. _____
84. City: _____
85. Zip Code: **FL**

11. Prepared to the provisions of Sections 602.002 and 602.003, Florida Statutes, for which a corporation submits a 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. The city to act as the agent as registered agent. I am familiar with, and accept the obligations of, Section 602.003, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE: **VSD** DELETED
NAME: **FISCHER, LINDA**
STREET ADDRESS: **2570 NEWFOUND HARBOR DR**
CITY, STATE, ZIP: **MERRITT ISLAND FL**
TITLE: **PD** DELETED
NAME: **FISCHER, R L**
STREET ADDRESS: **2570 NEWFOUND HARBOR DR.**
CITY, STATE, ZIP: **MERRITT ISLAND FL**
TITLE: **TD** DELETED
NAME: **POTTER, JEAN M**
STREET ADDRESS: **230 CAROLE CT.**
CITY, STATE, ZIP: **SATELLITE BEACH FL**
TITLE: **V** DELETED
NAME: **WOERTENDYKE, CHRISTIE J.**
STREET ADDRESS: **170 BARBADOS DRIVE**
CITY, STATE, ZIP: **MERRITT ISLAND FL**
TITLE: **V** DELETED
NAME: **FISCHER, RYAN L**
STREET ADDRESS: **2570 NEWFOUND HARBOR DRIVE**
CITY, STATE, ZIP: **MERRITT ISLAND FL 32952**
TITLE: DELETED
NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: **V/S/T/D** Change Addition
2. NAME: _____
3. STREET ADDRESS: _____
4. CITY, STATE, ZIP: _____
5. TITLE: **P/D** Change Addition
6. NAME: **D** Change Addition
7. STREET ADDRESS: _____
8. CITY, STATE, ZIP: _____
9. TITLE: _____
10. NAME: _____
11. STREET ADDRESS: _____
12. CITY, STATE, ZIP: _____
13. TITLE: _____
14. NAME: _____
15. STREET ADDRESS: _____
16. CITY, STATE, ZIP: _____

14. I do hereby certify that the information supplied is true, correct and complete, and that the corporation is not subject to the exemption provisions of Section 190.047, Florida Statutes. I further certify that the information is in compliance with the provisions of Sections 602.002 and 602.003, Florida Statutes, and that the same has been filed as if made under oath. That I am an officer or director of the corporation, or the registered agent for the corporation, as defined in Chapter 602, Florida Statutes, and that my name appears in Book 12 or Book 13 if it is not on an agent's list with an address.

SIGNATURE: *Linda D. Fischer* **LINDA D. FISCHER** 4-10-96 407 783-5658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)