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**Mar 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 357310 (2)
1. Corporation Name
SEA FRESH FROZEN PRODUCTS, INC.



Principal Place of Business
**630 GLEN CHEEK DRIVE
PORT CANAVERAL FL 32920
US**

Mailing Address
**779 E. MERRITT ISL. CSWY.
SUITE 707
MERRITT ISLAND FL 32952-3516
US**

3. Date Incorporated or Qualified 12/31/1969	3a. Date of Last Report 04/15/1996
4. FEI Number 59-1283354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

1. TITLE DELETE

NAME **FISCHER, LINDA**

STREET ADDRESS **2570 NEWFOUND HARBOR DR**

CITY, ST, ZIP **MERRITT ISLAND FL**

TITLE DELETE

NAME **FISCHER, R L**

STREET ADDRESS **2570 NEWFOUND HARBOR DR.**

CITY, ST, ZIP **MERRITT ISLAND FL**

TITLE DELETE

NAME **POTTER, JEAN M**

STREET ADDRESS **230 CAROLE CT.**

CITY, ST, ZIP **SATELLITE BEACH FL**

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 **VD POTTER, JEAN M.**

3.3 STREET ADDRESS **230 CAROLE CT**

3.4 CITY-ST-ZIP **SATELLITE BEACH, FL**

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

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 furnished 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: *Linda D. Fischer* **LINDA D. FISCHER** *3-20-97* **3-20-97** *(407) 783-5658* **(407) 783-5658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)