SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 424483 (6)

1. Corporation Name

SEABREEZE SEAFOOD & BAIT, INC.

Principal Place of Business	Mailing Address
3609 CAUSEWAY CRESCENT TAMPA FL 33619	3609 CAUSEWAY CRESCENT TAMPA FL 33619

3. Date Incorporated or Qualified: 04/27/1973
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1519828 — 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 has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [✓] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

FARRIOR, REX, JR
ONE MACK CENTER 501 E KENNEDY
TAMPA, FLORIDA

10. Name and Address of New Registered Agent

81 Name: Robert S. Richards
82 Street Address (P.O. Box Number is Not Acceptable): 3409 Causeway Blvd.
83
84 City: Tampa FL 85 Zip Code: 33619

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: Robert S Richards

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	RICHARDS, ROBERT SIDNEY	
STREET ADDRESS	7101 49TH AVENUE SOUTH	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	[ ] DELETE
NAME	RICHARDS, HELEN CHATTIN	
STREET ADDRESS	7101 49TH AVENUE SOUTH	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	[ ] DELETE
NAME	RICHARDS, HELEN CHATTIN	
STREET ADDRESS	7101 49TH AVENUE SOUTH	
CITY-ST-ZIP	TAMPA FL	
TITLE	MD	[ ] DELETE
NAME	RICHARDS, JAMES SIDNEY	
STREET ADDRESS	7111 49TH AVE. SO	
CITY-ST-ZIP	TAMPA 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		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert S Richards — 6/29/96 — 813-247-2103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #