4	(A	列
/	Γ	''']

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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #1. Corporation Name

628082

(0)

SEA WORLD SEAFOOD DISTRIBUTOR, INC.

Principal Place of Business		Mailing Address					O IIO OIDI FIRII I	HON BION OFFICE CHANGE
1510 S.W. 3RD STREET 1510 S.W. 3RD STREET POMPANO BEACH FL 33069-3246 POMPANO BEACH FL 33069-3246								
						3. Date Incorporated or Qualified 06/01/1979	3a. Date of L 04/	ast Report 26/1995
2. Principal Place of Busine	ess	2a. Mailing Address				4. FEI Number	<u>`</u>	Applied For
[21]		26				59-1924028		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$	8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing		5.00 May Be
Zip	Country	Zip	Zip Country		Tract i and Continuation		Added to Fees	
	25	29	30	лиу		This corporation has liability for interpretation Florida Statutes Yes		der s 199.032,
	and Address of Current		1001	ļ .		10. Name and Address of New Rec		nt
				81	Name			
RUFFINO, LAWE	RENCE			82	Ctroot A	ddress (P.O. Box Number is Not Acceptable)		
11168 NW 18 CO	Durt			62	SHEELA	adress (F.O. Box Number is Not Acceptable)		
CORAL SPRINGS	S FL 33060			83				
				84	City		122	
					•		FL 85	
or registered agent, or	DOM. IN the State of Florida	and 607.1508, Florida Statut a. Such change was authoriz on 607.0505, Florida Statutes	rea by the r	ve-r	arned cor oration's b	poration submits this statement for the purpo oard of directors. I hereby accept the appoin	se of changin itment as regis	g its registered office itered agent, I am
SIGNATURE .		,						
Signature typed o	or printed name of registered agent a		DIE Registered	l Agen	t signature req	urred when reinstating)	DATE	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIR	ECTORS IN 12
	INO DATOIOIA	DELETE	a 1.1 T	ITLE			[] Ch	ange 🔲 Addition
	INO, PATRICIA		1.2 N/	AME				
CODA	N.W. 18 COURT LL SPRINGS FL 33071		13 S1	TREET	ADDRESS			ļi
	il orningo el 330/1	ET DELETE	1.4 CI		I-ZIP			
	INO, LAWERENCE	☐ DELETE	2 1 T		ļ		Ch	ange 🔲 Addition
	N.W. 18 COURT		2 2 N		[
CODA	L SPRINGS FL 33071				ADDRESS			
CITY-ST-ZIP CURA	L SPRINGS PL SSUIT	C Driett	2.4 C)		I · ZIP			
NAME		DELETE	3.11		ļ		Ch	ange 🗌 Addition
STHEET ADDRESS			3.2 N/					
CITY-ST-ZIP					ADDRESS			
TITLE		☐ DELETE	3.4 CI 4. 1 TI		I - ZIP		——————————————————————————————————————	ones [] Addition
NAME		been	4. 1 H				Ch.	ange 🗌 Addition
STREET ADDRESS					ADORESS			
CHY-ST-ZIP								
TITLE		DELETE	44 CF 5 1 Ti		-217		☐ Ch.	ange Addition
NAME			52 NA				L) (III	wide T Vonigati
STREEL ADDRESS					ADDRESS			
CiTy-ST-ZiP			540		ì			
TITLE		DELETE					☐ Ch	noe
NAME		☐ DELETE	6.1 TI	TLE	1,		☐ Ch	ange Addition

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), Fiorida 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 cath; that I am an officer or director of the corporation or the receiver of custee 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 indiress.

SIGNATURE: \

35-785-1708