


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

FILED  
Jul 15 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 838045 (3)**  
 1. Corporation Name  
**MAYSVILLE SEA FOODS, INC.**



Principal Place of Business <b>121 LAFAYETTE AVENUE LEXINGTON KY 40502</b>	Mailing Address <b>121 LAFAYETTE AVENUE LEXINGTON KY 40502</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>11385 Montgomery Road</b> Suite, Apt. #, etc. 22 <b>Ste. 210</b> City & State 23 <b>Cincinnati OH</b> Zip Country 24 <b>45249</b> 25 <b>USA</b>		<b>2a. Mailing Address</b> 26 <b>11385 Montgomery Road</b> Suite, Apt. #, etc. 27 <b>Ste. 210</b> City & State 28 <b>Cincinnati OH</b> Zip Country 29 <b>45249</b> 30 <b>USA</b>		<b>3. Date Incorporated or Qualified</b> <b>03/17/1977</b>	<b>4. FEI Number</b> <b>61-0843459</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**SANDERS, DESHA N JR**  
**180 CHANNEL DRIVE**  
**NAPLES FL 33963-9142**

**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
			<b>FL</b>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<b>Sr. VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, DESHA JR</b>	1.2 NAME	
STREET ADDRESS	<b>180 CHANNEL DRIVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, WALLACE</b>	2.2 NAME	
STREET ADDRESS	<b>1580 E KEMPER ROAD</b>	2.3 STREET ADDRESS	<b>11385 Montgomery Rd. Ste. 210</b>
CITY-ST-ZIP	<b>SHARONVILLE OH</b>	2.4 CITY-ST-ZIP	<b>Cincinnati OH 45249</b>
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, MARY E</b>	3.2 NAME	
STREET ADDRESS	<b>1809 DALNA DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEXINGTON KY</b>	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, GAYLE S</b>	4.2 NAME	
STREET ADDRESS	<b>6840 SABLE RIDGE LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Tom Hensley</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>11385 Montgomery Rd. Ste. 210</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Cincinnati OH 45249</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>David R. Young</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>11385 Montgomery Rd. Ste. 210</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Cincinnati OH 45249</b>

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.

SIGNATURE *[Signature]*

7/21/98 5:21 PM 4711

CR2E034 (10/97)