




FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | <p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 NOV -6 PM 4: 27</p>  | |
| 1. Name of Limited Partnership ASC SEAFOOD, LTD. | | 1a. DOCUMENT # A32081 | | | |
| Mailing Address PYRAMID CORPORATE CENTER 6340 118TH AVE. NORTH LARGO FL 34645 33773 | | Principal Office Address PYRAMID CORPORATE CENTER 6340 118TH AVE. NORTH LARGO FL 34645 33773 | | 3. Date Formed or Registered 10/09/1991 | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 3a. Date of Last Report 01/02/1997 | |
| 4. State or Country of Formation FL | | 5a. Capital Contributions as Shown on record \$150,000.00 | | 5b. Amount of Capital Contributions in FLORIDA to date: 150,000.00 | |
| 6. FEI Number 59-3086554 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | | | |
| 9. Name and Address of Current Registered Agent ANNAS, STEVE J. 766 ELDORADO AVE. CLEARWATER FL 34630 33747 | | | 10. If changed, new Registered Agent/Office Name 000002345160--2 Street Address (P.O. Box Number is Not Acceptable) 01712797--01096--021 Suite, Apt. #, etc. ****541.25 ****541.25 City FL Zip Code | | |
| 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. | | | | | |
| SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____ | | | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | |
| 11. Name(s) of General Partner(s) ELORADO SEAFOOD, INC. | | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 766 ELDORADO AVE. | | 11b. City, State & Zip Code CLEARWATER FL 33747 | |
| 11c. Registration/Document Number S86132 | |  | | | |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | | | |
| 12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. | | | | | |
| SIGNATURE BY: STEVE J. ANNAS DATE 11-3-97 Typed or Printed Name of General Partner Signing Form STEVE J. ANNAS Daytime Telephone Number 813 941-6896 | | | | | |

CR2E003 (6/97)