

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90013 003 \*\*\*158.75

DOCUMENT # F08445

1. Corporation Name

BRICE INTERNATIONAL SEAFOODS INC ✓

Principal Place of Business

Mailing Address

2600 S. HIATUS RD.  
P.O. BOX 290895  
DAVIE FL. 33330

2600 S. HIATUS RD.  
P.O. BOX 290895  
DAVIE FLA. 33330-1407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 250 N.E. 32<sup>nd</sup> ST.

26 2600 S. HIATUS RD.

22 WEST BAY

27

23 OAKLAND PARK FL.

28 DAVIE FLA

24 33334

29 33330

30 U.S.A.

3. Date Incorporated or Qualified

12/09/1980

4. FEI Number

59-2061789 ✓

Applied For

Not Applicable

5. Certificate of Status Desired

✓

\$8.75 Additional

Fee Required

6. Election Campaign Financing

□

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes

□ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN LUKES  
2101 N. ANDREWS AVE.  
WILTON MANORS FLA. 33311

81 Name

JAMES L. BRICE SR.

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

250 N.E. 32 Street

83

84 City

OAKLAND PARK

FL

85 Zip Code

33334

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

4/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V.C. ☐ DELETE  
NAME BRICE JR., J.L.  
STREET ADDRESS 2600 S. HIATUS ROAD  
CITY-ST-ZIP DAVIE FL.

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VTD ☐ DELETE  
NAME BRICE ANA L.  
STREET ADDRESS 2600 S. HIATUS ROAD  
CITY-ST-ZIP DAVIE FL.

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P.M. ☐ DELETE  
NAME BRICE SR., JAMES L.  
STREET ADDRESS 2600 S. HIATUS ROAD  
CITY-ST-ZIP DAVIE FL.

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

954-475-1666

Daytime Phone #

CR2E034 (11/98)