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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600001967 (6)

SHELLS SEAFOOD RESTAURANTS, INC.

Principal Place of Business Mailing Address

FILED May 20 1998 8:00am Secretary of State



16313 N DALE TAMPA FL 33	: Mabry HWY #100 618	16313 N DALE MABRY TAMPA FL 33618	HWY #100		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 04/22/1996	S SPACE
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			65-0427966	Not Applicable
Suite, Apt. #, etc.		Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζφ 29	Country 30		This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible
	9. Name and Address of Curren	 			10. Name and Address of New Registere	d Agent
UNI	ITED CORPORATE SERVICES IN	C	8	Name		
801	NE 167TH ST #300 RTH MIAMI BEACH FL 33162		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
110	TITI MIAMI DEADITIE 00102		83	;		
			84	City	F	85 Zip Code
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 period marine of registered agent and the it applicable. (NOTC Registered Agent's sphalure required when reinstalling) DATE						
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	HATTAWAY, WILLIAM E		1.2 NAME			
STREET ADDRESS	16313 N. DALE MABRY HWY.	, #100	1.3 STREE	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-	ST - ZIP		
TITLE	VCF0	☐ DELETE	2.1 TITLE			Change Addition
NAME	NELSON, WARREN R		2.2 NAME			
STREET ADDRESS	16313 N. DALE MABRY HWY.	, #1 00		T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	DELETE	2. 4 CITY	·····		Change Addition
TITLE	V	L DELETE	3.1 1/TLE			Change L Addition
NAME	RITCHEY, JOHN R	4400	3.2 NAME			
\$TREET ADDRESS	16313 N. DALE MABRY HWY.,	, F 100		T ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL 33618	DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME	ROEHL, FRANK C		4. 2 NAM			
STREET ADDRESS	16313 N. DALE MABRY HWY.	#100		T ADDRESS		
CITY-ST-ZIP	TAMPA FL	, , , , , ,	4.4 CITY-	ST-ZIP		
TITLE	Ď	DELETE	5.1 TITLE			Change Addition
NAME	ADLER, FREDERICK R		5.2 NAME			
STREET ADDRESS	1520 S. OCEAN BLVD.		5.3 STREE	T ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		5.4 CITY-	ST - ZIP		
TITLE		DELETE	61 HILE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	1 ADDRESS		i
CITY-ST-ZIP			6.4 CITY-	ST - ZIP		

14. Thereby 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 attractiment with an address.

11-9-90