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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

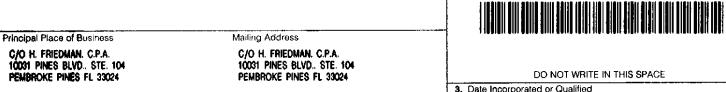
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H06091

1. **Opporation Name**
DOLPHIN SEAFOOD DISTRIBUTORS, INC.**

(3)

FILED May 01 1998 8:00am Secretary of State



PEMBROKE PINES FL 33024		PEMBROKE PINES FL 33024		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					05/31/1984	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26 /1420 WAYNE DE		59-2609747	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
22 City & State		City & State				
23 CHY & State	9	28 Cooper cay	PL	_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the cur	
24	25		30			Yes No
	9. Name and Address of Curre				10. Name and Address of New Registered	Agent
WE	ISER, LARRY		81	Name		
	750 BISCAYNE BLVD.		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
MV	AMI FL 33181			0110011100		
			83	1		
			84	City		85 Zip Code
					F <u>L</u>	
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 ag			nt signature requi	uired when reinstating) DATE	
12,		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITL€	DP LADDY	☐ DELETE	1.1 TITLE			Change Addition
NAME	WEISER, LARRY 2451 N. FEDERAL HWY		1.2 NAME			
STREET ADDRESS	POMPANO FL		1.3 STREET			
CITY-ST-ZIP	POMINATO IL	DELETE	1.4 CITY - S 2.1 TITLE	1- ZIP		Change Addition
TITLE NAME			2.2 NAME			C charge C , accress
STREET ADDRESS			2.3 STREET	ADDRECC		
			2.3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	11-211		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY - S			
TITLE		DELETE	4.1 TITLE	,, ,,		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS		
0.774 07 700			CACITY C	T 710	•	

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.