

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED AND FILED
95 MAY -1 11 8:55

DOCUMENT # **H28172** (5)
INTERNATIONAL SEAFOODS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 13191 STARKEY RD. STE 10 LARGO FL 34643-1438 US
Mailing Address: 13191 STARKEY ROAD STE 10 LARGO FL 34643-1438 US

2. Principal Place of Business: 21 3910 West Alva Street Tampa, FL 33614-7033
26. Mailing Address: 26 3910 West Alva Street Tampa, FL 33614-7033

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: 11/01/1984
3a. Date of last report: 04/18/1994

4. FEI Number: 59-2461371
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

9. This corporation has liability for intangible tax under Chapter 192 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ESSRIG, MARVIN 13191 STARKEY RD, STE 10 LARGO FL 34843

10. Name and Address of New Registered Agent: 81 Name: Essrig, Marvin 82 Street Address (P.O. Box Number is Not Acceptable): 3910 West Alva Street 83 84 City: Tampa, FL 85 Zip Code: 33614-7033

11. Pursuant to the provisions of Sections 607.0402 and 607.1504, 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 607.0406, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PD	1. NAME: ESSRIG, MARVIN	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS: 1013 FRANKLAND RD.	2. STREET ADDRESS:	2. NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3. CITY, ST, ZIP: TAMPA FL	3. CITY, ST, ZIP:	3. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4. TITLE:	4. NAME:	4. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. TITLE:	5. NAME:	5. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. TITLE:	6. NAME:	6. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. TITLE:	7. NAME:	7. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. TITLE:	8. NAME:	8. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. TITLE:	9. NAME:	9. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. TITLE:	10. NAME:	10. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE:	11. NAME:	11. STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. TITLE:	12. NAME:	12. CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 131.07, Florida Statutes. I further certify that the information indicated on the 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marvin Essrig* Marvin Essrig, President 04/26/95 813/871-7700
BIG SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR