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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # H 693

**FILED** Mar 31, 1999 8:00 am Secretary of State 03-31-1999 90057 036 \*\*\*150.00

1. Corporation Name Supreme Seafood Inc.									
Supreme seatour	1 1110.								
Principal Place of Business	Mailing Address		0		1				
1999 Explorer Love	999 249	lores	- CDA	e					
999 Explorer Cove 999 Explorer Cove Altamonte Springs, Altamonte Springs, FL.32701 FL.32701					DO NOT WRITE IN THIS SPACE				
F1 32701 F1 32701				3. Date Incorporated or Qualifed					
71.50701				8185			ŀ		
Principal Place of Business     2a. Mailing Address					4. FEI Number		Applied	d For	
21 26					57-2566786			pficable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	<b>5</b> Addit e Requir		
City & State City & State					6. Election Campaign Financing \$5.00 May Be				
23	28				Trust Fund Contribution	•	led to Fe		
Zip Zip Zip Zip			ntry		- 8 This corporation owes the current year Intangible				
24 25	24 25 29		,		Personal Property Tax. ☑ Yes ☐ No				
9. Name and Address of Current	Registered Agent		04 1		10. Name and Address of New Regist	ered Agent			
Jay Kozloff			81 Nam	e					
999 Explorer Cove			82 Stre	et Addre	ss (P.O. Box Number is Not Acceptable)				
999 Explorer Cove Altamonte Springs, FL. 32701			83						
H TIWITOTIC -PIN 9	,		84 City			85	Zip Code		
						FL			
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent, I am familiar with, and accept the obligation	of Florida, Such change was	authorized	I by the co	rporation	ration submits this statement for the purpor's board of directors. I hereby accept the	appointment a	s registe	ered	
agent, runnammar war, and accept the obligati	0110 011 00000011 001.00001	ionda otati	1165.						
SIGNATURE					- DA	TE			
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered		re required v		TE RS AND DIRE	CTORS	IN 12	100
SIGNATURE Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE Press A PA	and title if applicable. (NO D DIRECTORS		Agent signatu	re required t	when reinstating) DA ADDITIONS/CHANGES TO OFFICER			IN 12 Addition	44/00)
SIGNATURE Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE Press A PA	and title if applicable. (NO D DIRECTORS	TE: Registered	Agent signatu	re required		RS AND DIRE			24 (44 (00)
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE President  NAME Jay Kozloff  STREET ADDRESS 999 Syplater Co	and title if applicable. (NO DIRECTORS	13. 1.1 TII	Agent signatu			RS AND DIRE			E024 (44/00)
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE President  NAME Jay Kozloff  STREET ADDRESS 999 Explorer Corrections  GITY-ST-ZIP A Ita monte Socio	and title if applicable. (NO DIRECTORS DELETE  Ve. as FL.32701	13. 1.1 TII 1.2 NA 1.3 ST	Agent signatu ILE			RS AND DIRE			000000000000000000000000000000000000000
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE President  NAME Jay Kozloff  STREET ADDRESS 999 Explorer Cor  CITY-ST-ZIP Altamonte Sprin  TITLE Secretary, Treas	and title if applicable. (NO DIRECTORS DELETE  Ve gs FL.3270]  Urer Delete	13. 1.1 TII 1.2 NA 1.3 ST	Agent signatu  TLE  ME  REET ADDRES			RS AND DIRE	nge [		CD2E024 (44/00)
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE President  NAME Jay Kozloff  STREET ADDRESS 999 Explorer Cor  CITY-ST-ZIP Altamonte Sprin  TITLE Secretary-Treas  NAME Phyllis Kozlof	and title if applicable. (NO DIRECTORS DELETE  Ve gs FL.32701  Urer DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	Agent signatu ILE WE REET ADDRES TY-ST-ZIP ILE			RS AND DIRE	nge [	Addition	CD0E024 (44/00)
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE President  NAME Jay Kozloff  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP Altomonte Sprin  TITLE Secretary-Treas  Phyllis Kozlof  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  Secretary-Treas  Phyllis Kozlof  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  Phyllis Kozlof  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  Phyllis Kozlof  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  Phyllis Kozlof  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  PHYLIC SPRINTER  SECRETARY TREAS  PHYLIC SPRINTER  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  PHYLIC SPRINTER  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  PHYLIC SPRINTER  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  SECRETARY TREAS  STREET ADDRESS 999 Eyplorer Cor  CITY-ST-ZIP ALTOMONTE SPRINTER  STREET ADDRESS 999 EXPLORER SPRINTER  STREET SPRINTER  STREET SPR	and title if applicable. (NO DIRECTORS DELETE  Ve gs FL.32701  urer Delete f	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA	Agent signatu ILE WE REET ADDRES TY-ST-ZIP ILE	es		RS AND DIRE	nge [	Addition	CD2E024 (44/00)
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SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE President  NAME Jay Kozloff  STREET ADDRESS 999 Explorer Corry-st-zip Altamonte Sprin  TITLE  Secretary—Treas  Phyllis Kozlof  STREET ADDRESS 999 Explorer Corry-st-zip Altamonte Sprin  TITLE Altamonte Sprin  TITLE	and title if applicable. (NO DIRECTORS DELETE  Ve gs FL.32701  urer Delete f	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII	Agent signatu  LE  ME  REET ADORE: TY-ST-ZIP  LE  REET ADORE: TY-ST-ZIP  LE	es		RS AND DIRE	nge [	Addition	VBDE004 (44/00)
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE President  NAME Jay Kozloff  STREET ADDRESS 999 Explorer Corrector  CITY-ST-ZIP Altamonte Sprin  TITLE Secretary—Treas  Phyllis Kozlof  STREET ADDRESS 999 Explorer Corrector  CITY-ST-ZIP Altamonte Sprin  TITLE Phyllis Kozlof  Altamonte Sprin  TITLE  NAME  NAME	and title if applicable. (NO DIRECTORS DELETE  SE FL. 32701  USE DELETE  OF CONTROL OF C	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2. 4 CI 3.1 TII 3.2 NA	Agent signatu  ILE  ME  REET ADORE:  TY-ST-ZIP  REET ADORE:  TY-ST-ZIP  LE  ME	SS SS		RS AND DIRE	nge [	Addition Addition	/ODDE034 (44/00)
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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:**