

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H89202 (6)

1. Corporation Name  
A & L SEAFOOD, INC.



Principal Place of Business

C/O BURTON G. SHARFF  
2315 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406

Mailing Address

C/O BURTON G. SHARFF  
1921 19TH LANE  
LAKE WORTH FL 33463  
US

2. Principal Place of Business

21 State Apt #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 State Apt #, etc

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
12/11/1985

3a. Date of Last Report  
03/20/1995

4. FEI Number  
59-2680137

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BURTON G. SHARFF, ESQ.  
2315 SOUTH CONGRESS AVENUE  
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required if Registered Agent is not the corporation)

(If Registered Agent is not the corporation, the signature of the Registered Agent is required.)

Date

12. OFFICERS AND DIRECTORS

| TITLE | NAME                  | STREET ADDRESS | CITY-STATE-ZIP | DELETE                   |
|-------|-----------------------|----------------|----------------|--------------------------|
| PD    | BERKENFELD, ARNOLD    | 1921-19TH LANE | LAKE WORTH FL  | <input type="checkbox"/> |
| ST    | BERKENFELD, SANDRA G. | 1921-19TH LANE | LAKE WORTH FL  | <input type="checkbox"/> |
|       |                       |                |                | <input type="checkbox"/> |
|       |                       |                |                | <input type="checkbox"/> |
|       |                       |                |                | <input type="checkbox"/> |
|       |                       |                |                | <input type="checkbox"/> |
|       |                       |                |                | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|----------------|--------------------------|--------------------------|--------------------------|
| 1.1   | 1.2  | 1.3            | 1.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1   | 2.2  | 2.3            | 2.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1   | 3.2  | 3.3            | 3.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1   | 4.2  | 4.3            | 4.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1   | 5.2  | 5.3            | 5.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1   | 6.2  | 6.3            | 6.4            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 407-964-965-  
Date of Filing

CR2E034 (12/95)