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PROFIT CORPORATION ANNUAL REPORT



Ft ORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

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Daytime Prione #

Date

1996

DOCUMENT # J03914

(5)

Corporation Name

SIGNATURE:

OLD FLORIDA SEAFOOD HOUSE, INC.

| Principal Place of B | Business | Mailing Address | | | | | | | |
|--|---|--|--|--|---|---|--------------------------|---------------------------------------|--|
| 1414 NORTHEAST WILTON MANORS | | 4 NORTHEAST 26TH STREET TON MANORS FL 33305 | | | | | | | |
| | | | | | | 3. Date Incorporated or Qualified 03/13/1986 | 3a. Date 01/ | of Last F /20/19 | |
| 2. Principal Place o | | 2a. Mailing Address 26 | | | | 4. FEI Number 59-1831079 | | | Applied For Not Applicable |
| Suite, Apt. #, et | c. | Suite, Apt #, etc. | · | | | 5. Certificate of Status Desired | | Fee | 5 Additional Required |
| Orty & State | Constant | City & State 28 | | | | Flection Campaign Financing Trust Fund Contribution | | Adde | May Be d to Fees |
| - Zipi - 1 | Country 25 | Ζιρ 29 | 30 | untry | | 8. This corporation has liability for Florida Statutes | intangible tax s □ No | under s | 199.032, |
|] | Name and Address of Curr | | 30 | <u> </u> | | 10. Name and Address of New I | | gent | |
| | , 1991 | | | B1 1 | Name | IV. treme with the second | | • | |
| WICKLINE, F | ROBERT | | | | Oraca Alabaha | (D.O. Boy Nilmboy in Not Accepts | CI_1 | · · · · · · · · · · · · · · · · · · · | |
| 2725 NE 25 | TH COURT | | 82 Street | | Street Adam | ess (P.O. Box Number is Not Accepta | DIE) | | |
| FI LAUDEN | DALE FL 33305 | | | 63 | | | | | |
| | | | | 84 | City | | FL | 85 Z | ip Code |
| or registered a familiar with, a | gent, or both, in the State of Fk nd accept the obligations of, Se | orida. Such change was autho ection 607.0505, Florida Statu | orized by the dates. | corpora | ation's boar | rd of directors. I hereby accept the app | oòintment as r | egistere | d agent. I am |
| SIGNATURE . | tive i speed or printed harve of registered ag | rent and little if applicable | (NOTE Registered | d Agont sig | Bugine reduced | d when remistating | DATE | | |
| Skip 12. | OFFICERS A | gent and little if applicable. AND DIRECTORS | (NOTE Rogistered | d Agont sig | gnature required | d when reinstatings ADDITIONS/CHANGES TO OF | | DIRECT | ORS IN 12 |
| Skip as 12. | OFFICERS A | | | | grature required | | FICERS AND | DIRECTO | |
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NO OFFICER OR DIRECTOR