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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name J38547

(2)

STRAUB'S FINE SEAFOOD COLONIAL, INC.

FILED Jan 20 1998 8:00am Secretary of State

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					8 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address		-	(MIT KIRIT MINST MINIT DENET CONT	
5101 E COLO		5101 E COLONIAL DRIVE	=	Ì	
ORLANDO FL 32903 ORLANDO F		ORLANDO FL 32803	÷	DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
				10/16/1986	
2. Principal 8	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	. =	59-2732567	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	·		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29 3	0	Personal Property Tax due June 30.	☐ Yes ☐ No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
DU	JLIN, RAMSEY, W, ESQ		81 Name		
201 E PINE ST				ress (P.O. Box Number is Not Acceptable)	
SU	IITE 1402			<u> </u>	
OF	RLANDO FL 32801		83		
			84 City	F	
11. Pursuant office or agent, I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida. Such change was au pations of, Section 607.0505, Flori	, the above-named cor thorized by the corpora da Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE		,			
SIGNATURE	Signature, typed or printed name of registered ag	ent and tille if applicable. (NOTE.)	Registered Agent signature requi	ired when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	STRAUB, ROBERT J.		1.2 NAME		
STREET ADDRESS	3792 NE OCEAN BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-SY-ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	STRAUB, ROBERT		2.2 NAME		
STREET ADDRESS.	2250 CLASSIC CT		2.3 STREET ADDRESS	•	
CITY - ST - ZIP	LONGWOOD FL		2. 4 CITY-ST-ZIP		
TITLE	VS	DELETE	3.1 TITLE		Change Addition
NAME	CARTER, DONALD J		3.2 NAME		
STREET ADDRESS	9793 LAKE GEORGIA DR		3.3 STREET ADDRESS		
CITY OF TIP	ORIANDO FI		14 OF 2 2 2 2		i

14. Thereby certify that the information supplied with this filling 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 actives. If

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST- ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DELETE

DELETE

DELETE

Addition

Addition

Change

Change