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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J42468

1. Corporation Name

OCEAN FISH & SHRIMP CORPORATION

Principal Place	e of Business	Mailing Address			t (#8itin en aras man aran	• • • • • • • • • • • • • • • • • • • •		
3355 LAKE WOR	RTH RD	3355 LAKE WORTH RD						
SUITE 1		Suite 1 Lake worth FL 33461		DO NOT WRITE IN THIS SPACE				
LAKE WORTH FL 33461		LAKE WORTH PE 33401		3. Date Incorporated or Qualif	ed			
					11/17/1986			
2. Principal Pt	ace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	lied For
21		26			59-2738396			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	ı 🖸	<b>\$8.75</b> Ad Fee Req		
22		27 City & Chate						
City & State		City & State		<ol> <li>Election Campaign Financial Trust Fund Contribution</li> </ol>	" <sup>9</sup> 🗆 - ·	\$5.00 N		
Zip	Country	Zip	Country		8. This corporation owes the d	current vear Int		
24	25	<b>⊢</b> ` -	30		Personal Property Tax.	,		□No
	9. Name and Address of Curren				10. Name and Address of Ne	w Registered	Agent	
			81	Name	,			
	EY, V. DONALD, P. A.		82	Street Ad	dress (P.O. Box Number is Not Acce	eptable)	<u> </u>	_
	O PROSPERITY FARMS ROAD							_
	E 204 PROSPERITY GARDENS		83					
PALI	M BEACH GARDENS, FL 33410		84	City			85 Zip C	ode
					with a harita this statement for	FL	changing its	registered
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	-named co	ition's board of directors. I hereby ac	cept the appo	intment as reg	istered
Affine or e	egistered agent or both in the State (	of Florida. Such change was au	unonzeu by	tne corpora	Mon a bodie of directors. Thereby de			
Affine or e	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	ida Statutes.	tne corpora	addition by an october 1 the least			
office or re agent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation	tions of, Section 607.0505, Flori	ida Statutes.	tne corpora		DATE		·
office or re agent. I as	egistered agent, or both, in the State on familiar with, and accept the obligated agents of registered agents. Signature, typed or printed name of registered agents.	tions of, Section 607.0505, Flori	ida Statutes.	tne corpora	ired when reinstating)  ADDITIONS/CHANGES TO	DATE		
office or re agent. I as	egistered agent, or both, in the State on familiar with, and accept the obligated Signature, typed or printed name of registered agen	tions of, Section 607.0505, Flori	Registered Agen	tne corpora	ired when reinstating)	DATE		
office or reagent. I as SIGNATURE	egistered agent, or both, in the State on familiar with, and accept the obligated Standard, typed or printed name of registered agen OFFICERS AN	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS	Registered Agen	tne corpora	ired when reinstating)	DATE	ND DIRECTO	RS IN 12
office or reagent. I as SIGNATURE  12.	egistered agent, or both, in the State on familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN DP TRAN, THI THANH-MINH	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS	Registered Agen 13. 1.1 TITLE	t signature requ	ired when reinstating)	DATE	ND DIRECTO	RS IN 12
office or reagent. I as SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the State on familiar with, and accept the obligated Signature, typed or printed name of registered agen OFFICERS AN DP TRAN, THI THANH-MINH 11649 46TH PLACE NORTH	tions of, Section 607.0505, Flori at and title if applicable. (NOTE: D DIRECTORS	Registered Agen 13. 1.1 TITLE 1.2 NAME	r signature requ	ired when reinstating)	DATE	ND DIRECTOI	RS IN 12
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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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-ZIP