FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J68929** 1. Corporation Name

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90084 008 ***150.00

ALL POINTES SEAFOOD, INC.								
							(# 818 1) 618 17 816 11	
Principal Place of Business Mailing Address						- 4 1081118 4148 61181 10110 30118 11010 1013 450	il diğil biğil bib il	OLONE EIRIT FERF
% GEORGE VLAHAKIS % GEORGE VLAHAKIS								
715 ROLLING HILLS DR 715 ROLLING HILLS DR						DO NOT WIDITE IN TH	UO ODAOE	
PALM HARBOR FL 34683 PALM HARBOR FL 34683						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 04/20/1987		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		
21		26				59-2806865	 	oplied For ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			 -			39 2000003		Additional
27						5. Certifcate of Status Desired	•	equired
City & Sta	te	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip Country Zip			Country			8. This corporation owes the current year I	ntangible	
24	25		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		т.		10. Name and Address of New Registere	d Agent	
V/I A	HAKIS, GEORGE		81	Name				
715 ROLLING HILLS DR			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		
			ļ					
174	M HARBOR FL 33563		83	3				
			84	City		• • • • • • • • • • • • • • • • • • • •	. 85 Zip (Code
44	1- th-	0 1007 1500 51 11		Ļ		F		
onice or i	registered agent, or both, in the State	of Florida. Such change was aut	horized by	the corpo	corpor oration	ation submits this statement for the purpose of source of source of directors. I hereby accept the app	of changing its ointment as re	registered aistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute:	s.				
SIGNATURE	Signature, typed or printed name of registered age	ALOTE E		 ,				<u> </u>
12.		ND DIRECTORS	13.	nt signature n	equirea w	hen reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIPECTO	DS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			NOTITION OF THE PROPERTY OF TH	Change	Addition
NAME	VLAHAKIS, GEORGE		1.2 NAME				<u> </u>	
STREET ADDRESS			1.3 STREE	T ADDRESS				,
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-S					
TITLE	DS	☐ DELETE	2.1 TITLE				Change	Addition
NAME	VLAHAKIS, LIDIA		2.2 NAME				_ •	_
STREET ADDRESS	745 0011810 1810 00		2.3 STREE	TADDRESS				
CITY-ST-ZIP	PALM HARBOR FL 2.40		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME			1		1
STREET ADDRESS		3.3\$		TADORESS		عياده ما داخل الماسية	• • •	
CITY-ST-ZIP	3.4.		3.4. CITY-5	ST-ZIP]
TITLE		DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			0.754	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				ļ
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP				}

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 charged, or on an attachment with an address, with all other like empowered.