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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J77707

1. Corporation Name

NALF-SH	ELL SEAFOOD, INC.	·							
Principal Place	of Business	Mailing Address				i indiiiin miis imasi indii indii indii	#131 1 <b>84</b> 1 #1811 #3		All Bibli (68)
2470-52 ROBER	TS RD.	HALF SHELL SFD. INC.							
MELBOURNE FL 32940 P.O. BOX 693						DO NOT WR	ITE IN THIS :	SPACE	
US		PT. SALERNO FL 34992			-	3. Date incorporated or Qualifed			~ <del>~~</del>
		03				06/16/1987			
2. Principal Pl	ace of Business	2a. Mailing Address			<del>   -</del>	4. FEI Number	-	App	lied For
21		26				59-2804401		Not	Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27				5. Certificate of Grands Desired	<u> </u>	Fee Rec	quired
City & State	8	City & State				<ol><li>Election Campaign Financing</li></ol>		\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
Žip	Country	Zip	Cour	itry	-	8. This corporation owes the cur	тепt year Inta		ZZNo
24	25	29	30			Personal Property Tax.  0. Name and Address of New	Bogistored /		
	9. Name and Address of Curre	ent Registered Agent		81 Name		0. Name and Address of New	registered A	-Barir	
CAM	PBELL, ROGER								
4889 SE DIXIE HIGHWAY				82 Street Address (P.O. Box Number is Not Acceptable)					ţ
PORT SALERNO FL 33492				83					
				84 City			FL	85 Zip C	ode
11. Pursuant i	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607,1508, Florida Statu	tes, the ab	ove-named.	corporat	ion submits this statement for the	purpose of	changing its.	registered
office of re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a rations of Section 607.0505. Florida.	iuthorized orida Statu	by the corpo tes.	oration's	board of directors. I hereby acce	ept the appoir	itment as reg	listered
SIGNATURE	The latest will be a competitive cons	,		**	-				}
SIGNATURE	Signature, typed or printed name of registered as	g		Agent signature n	required who		DATE		
40	OFFICERS A								
12.		AND DIRECTORS	13.		1	ADDITIONS/CHANGES TO O	FFICERS AN		
TITLE	P	AND DIRECTORS  DELETE	1,1 TIT			ADDITIONS/CHANGES TO O	FFICERS AN	Change	RS IN 12
	P CAMPBELL, ROGER		1,1 TIT 1,2 NA	ME		ADDITIONS/CHANGES TO O	FFICERS AN		
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	P CAMPBELL, ROGER	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	ME REET ADDRESS Y-ST-ZIP		ADDITIONS/CHANGES TO O	FFICERS AN	Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P CAMPBELL, ROGER 2470-52 ROBERTS RD MELBOURNE FL	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS		ADDITIONS/CHANGES TO O	FFICERS AN	Change	☐ Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS