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

PROFIT CORPORATION ANNUAL REPORT

1998

1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J78440

(1)

HIMES SEAFOOD RESTAURANT, INC.

FILED Mar 04 1998 8:00am Secretary of State



Diania di Dian	and Divisions	Maifing Address					
Principal Place of Business Mailing Address \$ 8TEVE CORSETTI 2823 SANDPIPER PLACE Mailing Address \$ \$TEVE CORSETTI 2823 SANDPIPER PLACE							
CLEARWATER		CLEARWATER FL 34622	?		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
Principal P	lace of Business	2a, Mailing Address			06/18/1987 4. FEI Number		pplied For
		26				59-2818809 Not Applicable	
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			_ ¢0.75	Additional
		27	27		5. Certificate of Status Desired		equired
City & State City & St		City & State	State		6. Election Campaign Financing	\$5.00	Мау Ве
3	28				Trust Fund Contribution	☐ Added	to Fees
Zip ¬	Country	Zφ	Cou	ntry	8. This corporation owes or has paid		
<u> </u>	[25]	29	[30]		Personal Property Tax due June 3		J No
	9, Name and Address of Curre	nt riegistered Agent		81 Name	10. Name and Address of New Reg	istered Agent	
	PRSETTI, STEPHEN E			1425110			
	23 SANDPIPER PLACE			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
a	EARWATER FL 34622		ł	83		·· ··· · · · · · · · · · · · · · · · ·	
				84 City		FL 85 Zip	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stalim familiar with, and accept the oblig	02 and 607,1508, Florida Statue of Florida Such change was pations of, Section 607,0505, F	utes, the ab authorized lorida Stati	ove-named cor by the corpora	poration submits this statement for the putition's board of directors. I hereby accept	roose of changing if	ts registered registered
SIGNATURE							
	Signature, typod or printed name of registered as			Agent signature requ	lifed when reinstating)	DATE	
IZ.	DST OFFICERS AF	VD DIRECTORS DELETE	13.	·	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR Change	Addition
	CORSETTI, STEVE	LJ Dettere	1.1 TIT				Modilion
NAME STREET ADDRESS	2823 SANDPIPER PLACE		1.2 NA				
	CLEARWATER FL		1.3 STREET ADDRESS 1.4 City-ST-Zip				
CITY-ST-ZIP IITUE	CP	DELETE	2.1 TiT			Change	Addition
IAME	CORSETTI, AL		2.2 NA	- 1			
STREET ADDRESS	AA IMPERAALI AT			REET ADDRESS			
CITY-ST-ZIP	AT APTER PL			TY-ST-ZIP	·*.	44.14	
ITLE	DELETE		3.1 TIT			Change	☐ Addition
NAME			3.2 NA	ME			
STREET ADDRESS	·		3.3 ST	REET ADDRESS			. [
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP			
TILE	•	☐ DELETE	4.1 T)T	LE		Change	Addition
WWE			4. 2 N/	1			I
STREET ADORESS			1	REET ADDRESS			
CITY-ST-ZIP		Dr. CTC		Y-ST-ZIP		Change	Addition
ITLE		☐ DELETE	5.1 TIE	ļ		□ cusuge	Addition
VAME STREET ADDRESS			5.2 NA				
OTY-ST-ZIP				REET ADDRESS			
ATLE		DELETE	6.1 TIT			☐ Change	Addition
AME :			6.2 NA	I .			
STREET ADDRESS				REET ADDRESS			
CATY-ST-ZIP	_			Y-ST-ZIP			

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 to supplemental arroual 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 corplication or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or director with insideress.

SIGNATURE:

813-571-5018