


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

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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K92029 (3) 1. Corporation Name LEVEROCK'S SEAFOOD HOUSE OF PERICO, INC.					
Principal Place of Business 54 COREY AVENUE P. O. BOX 66159 ST PETERSBURG FL 33736-3159			Mailing Address 54 COREY AVENUE P. O. BOX 66159 ST PETERSBURG FL 33736-6159		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/01/1989 3a. Date of Last Report 05/02/1996 4. FEI Number 65-0177084 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ENGLANDER, LEONARD S. 6666-22ND AVENUE NORTH 5959 CENTRAL AVENUE, SUITE 201 ST. PETERSBURG FL 33710			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP <input type="checkbox"/> DELETE NAME STROSS, JOHN E. STREET ADDRESS 54 COREY AVENUE CITY - ST - ZIP ST PETERSBURG BCH FL			1.1 TITLE CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Same 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE DST <input type="checkbox"/> DELETE NAME TAPPAN, RICHARD T. STREET ADDRESS 54 COREY AVENUE CITY - ST - ZIP ST PETERSBURG BCH FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE VP <input checked="" type="checkbox"/> DELETE NAME CHANDLER, RICHARD STREET ADDRESS 54 COREY AVE CITY - ST - ZIP ST PETERSBURG FL			3.1 TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME George Lewis 3.3 STREET ADDRESS 54 Corey Ave. 3.4 CITY - ST - ZIP St. Pete. Bch, FL 33706		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		



CR2E034 (9/96)

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____

87 Mar. 97 813-307-5671