

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
54 COREY AVENUE 54 COREY AVENUE
P. O. BOX 66159 P. O. BOX 66159
ST PETERSBURG FL 33736-3159 ST PETERSBURG FL 33736-3159

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/01/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0177084	
24 Country		30 Country		Applied For	
				Not Applicable	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENGLANDER, LEONARD S. 6866-22ND AVENUE NORTH 5959 CENTRAL AVENUE, SUITE 201 ST. PETERSBURG FL 33710				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

Signature typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEO	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STROSS, JOHN E.			1.2 NAME			
STREET ADDRESS	54 COREY AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG BCH FL			1.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAPPAN, RICHARD T.			2.2 NAME			
STREET ADDRESS	54 COREY AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG BCH FL			2.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEWIS, GEORGE			3.2 NAME			
STREET ADDRESS	54 COREY AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG BEACH FL			3.4 CITY-ST-ZIP			
TITLE	SRVP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PHILLIPS, JOHN			4.2 NAME			
STREET ADDRESS	54 Corey Ave.			4.3 STREET ADDRESS			
CITY-ST-ZIP	St. PETERSBURG BEACH FL			4.4 CITY-ST-ZIP			
TITLE	SRVP, CHANDLER, RICHARD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	54 COREY AVE			5.2 NAME			
STREET ADDRESS	ST. PETERSBURG BEACH FL			5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-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 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 to this report.

SIGNATURE:

[Signature]

[Signature]

[Signature] 873-367-5671

CR2E034 (10/97)