FILE NOW. FILING FLE ALTER MAI 1ST IS \$550:00

Mar 01, 1999 8:00 am PROFIT FLORIDA DEPARTMENT OF STATE **Secretary of State** CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 03-01-1999 90020 042 ***150.00 DIVISION OF CORPORATIONS 1999 **DOCUMENT # L16019** SEAWITCH FISHMARKET, INC. Principal Place of Business Mailing Address 2671 AIRPORT ROAD SOUTH 2671 AIRPORT ROAD SOUTH #302 DO NOT WRITE IN THIS SPACE NAPLES FL 34112 NAPLES FL 34112 3. Date Incorporated or Qualifed 09/05/1989 4. FEI Number Applied For 2. Principal Place of Business Mailing Address Southbay Dr. 179 65-0171692 Not Applicable 179 Southbay \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Naples 6 Election Campaign Financing \$5.00 May Bo. <u>۾ ڪر</u> VS A Added to Fees Trust Fund Contribution Zip Country 8. This corporation owes the current year Intangible Zip · 🗶 Yes -Personal-Property-Tax:-29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent STEWART, JOSEPH D. Street Address (P.O. Box Number is Not Acceptable) 82 2671 AIRPORT ROAD SOUTH #302 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 NAPLES FL 34112 SIGNATURE CRZE034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition TT DELETE 1.1 TITLE TILE **BOYETTE, CATHY** 12 NAME NAME 4836 N TAMIAMI TRL 13 STREET ADDRESS STREET ADORESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change D DELETE 21 TITLE TIRE DT **BOYETTE, JAMES CURTIS** NAME 391 SHRDWOOD DR 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 31 TITLE TIRLE 32 NAME KELLER, ELIZABETH NAME 6574 TRAIL BLVD 3.3 STREET ADDRESS STREET ADDRESS NAPLES FL 3.4. CITY - ST-ZIP CITY-ST-ZIP [] Change ______Addition DELETE-4.1 TILE ---TITLE 4.2NAME PEREIDA, ROBERTO NAME 740 94TH AVE N 4.9 STREET ADDRESS STREET ADDRESS NAPLES FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE DS TITLE 5.2 NAME PEREIDA, MIRTHA NAME 740 94TH AVE N 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP NAPLES FL C/TY-ST-ZIP 6.1 MLE ☐ Change Addition □ DELETE TITLE

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 with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Dec 30 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941/566-1514

FILED