

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moxham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L29073** (8)
1. Corporation Name
CENTRAL FRESHPAK SEAFOODS, INCORPORATED



Principal Place of Business 888 E KEENE RD POB 813 APOPKA FL 32703 US	Mailing Address P.O. BOX 813 APOPKA FL 32704-0813 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1989	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-3000601	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	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 MARKS, ROBERT O. 200 EAST ROBINSON STREET, SUITE 885 ORLANDO FL 32801				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
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	P	<input type="checkbox"/> DELETE		1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCOMAS, HUGH			1.2 NAME	McComas, James		
STREET ADDRESS	503 CERRA ST.			1.3 STREET ADDRESS	126 Ridgewood Dr.		
CITY-ST-ZIP	SANTURCE PR			1.4 CITY-ST-ZIP	Longwood, Florida 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE			
NAME	MCCOMAS, JOHN			2.2 NAME			
STREET ADDRESS	GARDEN HILLS BLUEHILLS			2.3 STREET ADDRESS			
CITY-ST-ZIP	QUAYNABO PR			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOMAS, HILDA M.			3.2 NAME			
STREET ADDRESS	503 CENNA ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANTURCE P. R.			3.4 CITY-ST-ZIP			
TITLE	C	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRIOS JR, GIL			4.2 NAME			
STREET ADDRESS	1300 SHEELER RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				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 do 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.

SIGNATURE *James M. Prince Jr.* 2/28/97 407-886-5004

CR2E034 (9/96)