FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L37173** **(6)**

1. Corporation Name

ATLANTIC BAY SEAFOOD, INC.

Principal Place of Business	Mailing Address
2901 PARKWAY BLVD. SUITE B-1 KISSIMMEE FL 34746	2901 PARKWAY BLVD. SUITE B-1 KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/19/1989**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 — County — 25

Zip — 29 — County — 30

4. FEI Number: **59-2999818** — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUANG, LOUIS S.
2901 PARKWAY BLVD.
KISSIMMEE FL 34746

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 Section 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(S)

12. OFFICER AND DIRECTOR(S)

01	D
NAME	HUANG, LOUIS
STREET ADDRESS	2901 PARKWAY BLVD., #B-1
CITY-ST-ZIP	KISSIMMEE FL
02	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
03	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
04	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
05	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
06	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. (TYPE)	1. NAME	☐ Change ☐ Addition
	1. STREET ADDRESS	
	1. CITY-ST-ZIP	
2. (TYPE)	2. NAME	☐ Change ☐ Addition
	2. STREET ADDRESS	
	2. CITY-ST-ZIP	
3. (TYPE)	3. NAME	☐ Change ☐ Addition
	3. STREET ADDRESS	
	3. CITY-ST-ZIP	
4. (TYPE)	4. NAME	☐ Change ☐ Addition
	4. STREET ADDRESS	
	4. CITY-ST-ZIP	
5. (TYPE)	5. NAME	☐ Change ☐ Addition
	5. STREET ADDRESS	
	5. CITY-ST-ZIP	
6. (TYPE)	6. NAME	☐ Change ☐ Addition
	6. STREET ADDRESS	
	6. CITY-ST-ZIP	

14. I declare, that the information contained with this filing is voluntarily furnished and 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 with changes, if any, attached with an address.

SIGNATURE: Louis S. Huang — 4.20.95 — (407) 396-7736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Louis S. Huang
President

0370869 CP