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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L45477** **(1)**

1. Corporation Name
SEAFOOD SUPPLY, INC.

Principal Place of Business	Mailing Address
C/O JACK BAYER 1001 NW 159 DR MIAMI FL 33169 US	1001 NW 159 DR MIAMI FL 33169-5805 US

3. Date Incorporated or Qualified: 01/26/1990
3a. Date of Last Report: 05/01/1996

4. FEI Number: 65-0168234 ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o DAVID FLEISCHMAN	26
Suite, Apt. #, etc. 22 1111 NW 159 DRIVE	Suite, Apt. #, etc. 27
City & State 23 MIAMI FLA	City & State 28
Zip 24 33169	Country 25 U.S.A.
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BAYER, JACK
1001 NW 159 DR
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: FLEISCHMAN, DAVID H.
82 Street Address (P.O. Box Number is Not Acceptable): 1111 NW 159TH DRIVE
83
84 City: MIAMI FL 85 Zip Code: 33169

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 [redacted] DAVID FLEISCHMAN 4/22/97
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	D	☐ DELETE	1.1 TITLE	CFO SENIOR V.P. SEC.	☐ Change ☒ Addition
NAME	RICHMAN, ARNOLD		1.2 NAME	FLEISCHMAN, DAVID H.	
STREET ADDRESS	6704 NW 20TH AVE		1.3 STREET ADDRESS	1111 NW 159 DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	MIAMI FLA 33169	
TITLE	D	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BAYER, JACK		2.2 NAME	RICHMAN, ARNOLD	
STREET ADDRESS	1001 NW 159 DR		2.3 STREET ADDRESS	6111 NW 159 DRIVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FLA 33169	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	OTENBERG, HARVEY		3.2 NAME	OTENBERG, HARVEY	
STREET ADDRESS	1001 NW 159 DR		3.3 STREET ADDRESS	1111 NW 159 DRIVE	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI FLA 33169	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [redacted] DAVID FLEISCHMAN 4/22/97 (305) 625-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #