

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L51769 (2)
1. Corporation Name
SANDRA LYNN SEAFOOD, INC.

Principal Place of Business
491 S.E. 19TH AVE.
POMPANO BEACH FL 33060

Mailing Address
491 S.E. 19TH AVE.
POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 7706 NW 142nd Ave		02/16/1990	
22 City & State		27		4. FEI Number	
23 Zip		28 ALACHUA FL		65-0179292	
24 Country		29 32615		5. Certificate of Status Desired	
25		30 ALACHUA		<input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing	
27		32		<input type="checkbox"/> \$5.00 May Be Added to Fees	
28		33		7. This corporation owes or has paid the current year Intangible	
29		34		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30		35		8. This corporation owes or has paid the current year Intangible	
31		36		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEINERT, KARL H 491 S.E. 19TH AVE. POMPANO BEACH FL 33060		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		7706 NW 142nd Ave	
		83	
		84 City	
		ALACHUA FL	
		85 Zip Code	
		32615	

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]* Pres. 3/9/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINERT, KARL	1.2 NAME	
STREET ADDRESS	491 S.E. 19TH AVE.	1.3 STREET ADDRESS	7706 NW 142nd Ave
CITY-ST-ZIP	POMPANO BEACH FL 33060	1.4 CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINERT, DEBORAH H	2.2 NAME	
STREET ADDRESS	491 S.E. 19TH AVE.	2.3 STREET ADDRESS	7706 NW 142nd Ave
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	ALACHUA, FL 32615
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 with an address.

SIGNATURE: *[Signature]* Pres. 3/9/98

CR2E034 (1097)