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PROFIT CORPORATION ANNUAL REPORT



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

	1996	WE JEST	DIVISION OF	CORPORA	TIONS			
1. Corporation			(6)					
SMAF	RT-PAK SHELLFISH, INC.	•				I FORMANIA DIR CINNO LANGO ANNO	INTERNALIZATION (CONTRALIZATION)	Dir Bibni Bibni Bibii busi
Principal Place	of Business		iling Address					
	Y FELDMAN	Wic	C/O JERRY FELDMA	i Ni				
7240 MIAM	II LAKEWAY SOUTH		7240 MIAMI LAKEWA	AY SOUTH				
MIAMI LAK	ES FL 33014		MIAMI LAKES FL 33	014		3. Date Incorporated or Qualified	3a. Date of La	ast Report
• Delegation I FN		·				04/30/1990	03/2	4/1995
 Principal Pla 	ace of Business	2a. 26	Mailing Address			4, FEI Number 65-0196701		Applied For
Suite, Apt. #	, etc.	1201	Suite, Apl. #, etc.				l	Not Applicable 3.75 Additional
2		27				5. Certificate of Status Desired		Fee Required
City & State 3		1	City & State			6. Election Campaign Financing		5.00 May Be
<i>Z</i> (p	Country	28	Zipi	Count	'nv	Trust Fund Contribution		Idded to Fees
4	25	29		30	ii y	8. This corporation has liability for Florida Statutes	intangible tax und : No	ler s 199.032,
	9. Name and Address of Cur	rent Regist	ered Agent			10. Name and Address of New I		l
PELDI				8	Manie			
	IAN, JERRY MAMI LAKEWAY SOUTH			8	2 Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
	LAKES FL 33014			8				
WILL SHALL	CARCO I E 030 14							
				8	4 City		FL 85	Zip Code
 Pursuant to or registers 	o the provisions of Sections 607,05	502 and 607	1508 Florida Statute	on the above				* * * * * * * * * * * * * * * * * * * *
familiar witi	h, and accept the obligations of, Se				e named corpo rporation's boa	oration submits this statement for the pu and of directors. Thereby accept the app	rpose of changing ointment as regist	its registered office ered agent. Lam
familiar witi	in, and accept the congations of, Se Signature, lyped or printed namic of registered ag	ection 607.0	Change was authorized 505, Florida Statutes	ed by the cor	e named corpo rporation's boa	and of directors. Thereby accept the app	rpose of changing ointment as regist	i its registered office ered agent. I am
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4. To neredy certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF LIGHTING OFFICER OR DIRECTOR

3/26/96

Date Corry Fact-0464