

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L73258 (0)**  
 1. Corporation Name  
**SAM'S FRESH SEAFOOD, INC.**



Principal Place of Business C/O SAMUEL E. HART JR. 1405 MAIN STREET DUNEDIN FL 34698	Mailing Address C/O SAMUEL E. HART JR. 1405 MAIN STREET DUNEDIN FL 34698
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>900 Broadway</u> Suite, Apt. #, etc. 22 City & State 23 <u>Dunedin, FL</u> Zip 24 <u>34698</u> 25 <u>Pinellas</u>		2a. Mailing Address 26 <u>900 Broadway</u> Suite, Apt. #, etc. 27 City & State 28 <u>Dunedin, FL</u> Zip 29 <u>34698</u> 30 <u>Pinellas</u>		3. Date Incorporated or Qualified <u>05/14/1990</u> 4. FEI Number <u>59-3017372</u> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation <del>has</del> has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

HART, SAMUEL E. JR.  
1405 MAIN STREET  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name	<u>Hart, Samuel E. Jr.</u>
82 Street Address (P.O. Box Number is Not Acceptable)	<u>900 Broadway</u>
83	
84 City	<u>Dunedin</u>
85 Zip Code	<u>FL 34698</u>

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	<u>DP</u> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>HART, SAMUEL E. JR.</u>	1.2 NAME	
STREET ADDRESS	<u>307 BAYSHORE DR</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>OZONA FL</u>	1.4 CITY-ST-ZIP	
TITLE	<u>ST</u> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>HART, PHYLLIS</u>	2.2 NAME	
STREET ADDRESS	<u>307 BAYSHORE DR</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>OZONA FL</u>	2.4 CITY-ST-ZIP	
TITLE	<u>V</u> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>HART, SAMUEL R.</u>	3.2 NAME	
STREET ADDRESS	<u>307 BAYSHORE DR.</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>OZONA FL</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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 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: Phyllis Hart Phyllis Hart 4-11-98 813-731-1179

CR2E034 (10/97)