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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M56416

SEAFOOD BROKERS, INC.

	•									EHEN HUNN HEN		
Principal Place	e of Business	N	lailing Address			 ,		1831 MINIT 83		01011 41031 1031		
C/O OSCAR REKSTEN 1625 W PRINCETON ST ORLANDO FL 32835-2711			C/O OSCAR REKSTEN 10522 DOWN LAKEVIEW CIRCLE WINDERMERE FL 34786				DO NOT WRITE IN THIS SPACE					
US		ŲS	\$				3. Date Incorporated or Qualifed					
<u> </u>		10-	Notice Address				07/30/1987 4. FEI Number		T	plied For		
2. Principal Place of Business			2a. Mailing Address					Not Applicable				
21 Contact Ant High		26	Suite, Apt. #, etc.				59-2837875	\$8.75 Additional				
Suite, Apt. #, etc.		- 2 7	Suite, Apr. #, etc.				5. Certifcate of Status Desired			Fee Required		
City & State		27	City & State				6. Election Campaign Financing \$5.00 May Be					
23		28					Trust Fund Contribution Added to Fees					
Zip	Country	-	Zip	Cou	intry		8. This corporation owes the current year	r Intangib	le			
24	25	29		30			Personal Property Tax.	<u> </u>	es_	□No		
	9. Name and Address of Current	Regi	stered Agent		L.		10. Name and Address of New Register	red Ager	ıt			
					81	Name						
REKSTEN, OSCAR						Street Addre	fress (P.O. Box Number is Not Acceptable)				ĺ	
10522 DOWN LAKEVIEW CIRCLE												
WIN	DERMERE FL 34789				83							
					84	City	-	85	Zip	Code		
						Í	•	<u>- [] "</u>	<u> </u>	1.44		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations are considered to the obligations.	of Fiori	ida. Such change was	authorized	d bv	the corporation	oration submits this statement for the purposin's board of directors. I hereby accept the ap	opointme	nt as re	gistered		
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOT	E: Registered	Agen	t signature required	when reinstating) DATE				1	
12.	OFFICERS ANI			13.		***	ADDITIONS/CHANGES TO OFFICERS	AND D	RECTO		ğ	
TITLE	D		☐ DELETE	1.1 T	TLE				Change	Addition	1	
NAME	FENNESSY, DAVID			1.2 N	AME						5	
STREET ADDRESS	7716 CLEMENTINE WAY			1.3 S	TREET	ADDRESS					Ĭ	
CITY-ST-ZIP	ORLANDO FL			1.4 C	ITY-S	r-ZIP					و ا	
TITLE	D		☐ DELETE	2.1 ∏	TLE			, Ü	Change	Addition	'	
NAME	REKSTEN, OSCAR			2.2 N	AME							
STREET ADDRESS	10522 DOWN LAKEVIEW CIRLE	:		2.3 S	TREET	ADDRESS			***		_	
CITY-ST-ZIP	WINDERMRE FL			Ž. 4 C	ITY-S	T-ZIP		· -				
TITLE	·		☐ DELETE	3.1 TI	TLE				Change	☐ Addition		
NAME				3.2 N	AME							
STREET ADDRESS				3.3 S	TREET	ADDRESS						
CITY-ST-ZIP				_	ITY-S	T-ZIP			<u></u>	- Addition	ļ	
TITLE	'		☐ DELETÉ	4.1 ∏		1		П.	Change	☐ Addition		
NAME					IAME							
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CITY-ST-ZIP					ITY-S	T-ZIP			Change	☐ Addition	1	
TITLÉ			☐ DELETE	5.1 T		-		لــا	Change	☐ Audition		
NAME	1			5.2 N								
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP			D per ere	6.1 T	TY-S	1-20			Change	Addition	{	
TITLE	\		☐ DÉLETE					Ļ	Change	☐ vocition	-	
NAME	1			6.2 N	HINE						l	

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 supplied ental 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 a participation with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90007 038 ***150.00