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

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90040 027 ***150.00

1. Corporation	MENT # M90528 H SEAFOOD, INC.						
Principal Place of Business Mailing Address					F IMBEMATI TON ENERT ASIAL ATEN INDEL INDE		INTERPORT CONT
2781 E. ATLANTIC BLVD. 2781 E. ATLANTIC BLVD.							
POMPANO BEACH FL 33062 POMPANO BEACH FL 3			32		DO NOT WRITE IN TH	IIS SPACE	
US		U\$			3. Date Incorporated or Qualifed		
					07/21/1988		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ар	plied For
21		26		_65-0072500	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	,	
22		27			Fee Re		
City & State	9	City & State		6. Election Campaign Financing	\$5.00 Added t		
7in	Country	Zip	Countr	v	Trust Fund Contribution	_	01.002
,	25 ·	·	30	j	 This corporation owes the current year Personal Property Tax. 		□No
24	9. Name and Address of Current		<u> </u>		10. Name and Address of New Register		
			8-	Name			_
	ITELLA, MICHAEL W		8:	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)		
2781 EAST ATLANTIC BLVD. POMPANO BEACH FL 33062			Ľ	0	,		
			83	3 .			}
			84	4 City		. 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes				'	F		
agent. I ai SIGNATURE	m familiar with, and accept the obligation	and title if applicable. (NOTE:	da Statute Registered Ag	\$.	ation's board of directors. I hereby accept the appuishment of the property of		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD DELETE		1.1 TITLE			onango	
NAME	MONTELLA, MICHAEL W. SR		1.2 NAME	}			
STREET ADDRESS	2781 NE 9TH ST. POMPANO BEACH FL		1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	VS DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME	MONTELLA, MICHAEL W. JR		2.2 NAME			_ *	
STREET ADDRESS	2781 NE 9TH ST.		1	ET ADDRESS			
CITY-ST-ZIP	POMPANO FL.		2. 4 CITY-	į į			
- TITLE	` DELETE → `		3.1 TITLE			Change	Addition
NAME			3.2 NAME	:			
STREET ADDRESS	•		3.3 STRE	ET ADDRESS			Ì
CITY-ST-ZIP			3.4. CfTY-			[7.0b	- Addition
TITLE	☐ DELETE		4.1 TITLE	Í		Change	☐ Addition
NAME			4. 2 NAME				ţ
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE			4.4 CITY- 5.1 TITLE			☐ Change	☐ Addition
NAME	•		5.2 NAME	I		•	1
STREET ADDRESS			53 STRE	ET ADDRESS		•	l
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	• -		
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	ı		6.3 STRE	ET ADDRESS			j
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9 4/22/99 954-941-327.
Date Daytime Prione #

CR2F034 (1