

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

FILED
Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000008299 (9)

1. Corporation Name

SEA TREASURE SEAFOOD MARKET, INC.



Principal Place of Business

109 EVERGREEN AVENUE
EDGEWATER FL 32132

Mailing Address

109 EVERGREEN AVENUE
EDGEWATER FL 32132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1993

4. FEI Number

59-3156089

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

OLLJNYK, NESTOR
109 EVERGREEN AVENUE
EDGEWATER FL 32132

10. Name and Address of New Registered Agent

81 Name

OLLJNYK, MICHAEL A.

82 Street Address (P.O. Box Number is Not Acceptable)

109 EVERGREEN AVE. N/A

83

84

City EDGEWATER

FL

85 Zip Code

32132-1607

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

Michael A. Olljnyk
Signature, typed or printed name of registered agent and then applicable

Michael A. Olljnyk V/T
(NOTE: Registered Agent signature required when reinstating)

3-23-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OLLJNYK, NESTOR
STREET ADDRESS 109 EVERGREEN AVENUE
CITY-ST-ZIP EDGEWATER FL 32132 ☒ DELETE

TITLE VS
NAME OLLJNYK, OLGA M.
STREET ADDRESS 109 EVERGREEN AVENUE
CITY-ST-ZIP EDGEWATER FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D
1.2 NAME OLLJNYK, OLGA M.
1.3 STREET ADDRESS 109 EVERGREEN AVE.
1.4 CITY-ST-ZIP EDGEWATER, FL 32132-1607 ☒ Change ☐ Addition

2.1 TITLE V/T
2.2 NAME OLLJNYK, MICHAEL A.
2.3 STREET ADDRESS 109 EVERGREEN AVE.
2.4 CITY-ST-ZIP EDGEWATER, FL 32132-1607 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 *Michael A. Olljnyk*

3-23-98 024 1122 6242

CR2E034 (10/97)