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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	MEN # P930(CT SEAFOOD, INC.	00024789 (8)			
Principal Place of Business		Mailing Address	<u></u>	4 INDICATE CIR LANGE COSTS MAIN MAIN ANNI RAILE	icaci dedii lahat sakt ihis 1884
2524 30TH AVENUE NORTH 8T, PETERSBURG FL 33713 US 2. Principal Place of Business		2524 30TH AVENUE. NORTH ST. PETERSBURG FL 33713 US		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 04/05/1993	
				4. FEI Number	Applied For
21		26		59-3173864	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & Stale		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	Yes No
	g. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
	MPA FL 33625 to the provisions of Sections 607.6 registered agent, or both, in the St	0502 and 607 1508, Florida Statute ale of Florida Such change was a	83 84 City s. the above named couthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	
agent. La SIGNATURE	am familiar with, and accept the of GARY M. J. C.M. Signature typed or punited rank of regions of	an young	M. SUM	2/Libred when reinstating) DATE	8/98
12.		AND DIRECTORS	13/	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	0	DELETE	14 TITLE		Change Addition
NAME	DEPHOURE, GERRY		1.2 NAME		
STREET ADDRESS	6227 FROST DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625	T OFFE	1.4 CITY - ST - ZIP		[] (b
TITLE	D DEDWAN CARY	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME Street address	JERMAN, GARY 6227 FROST DR.		2.2 NAME		
CITY-ST-ZIP	TAMPA FL 33625		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		- — ·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		

6.4 CITY-ST-ZIP 14. Thereby 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 prior is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or further encourse to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged by on an attachment with an address.

4.1 TITLE 4. 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

4.4 CiTY-ST-ZiP

DELETE

DELETE

DELETE

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

FILED

Feb 25 1998 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition