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

DOCUMENT # P93000026952 (0)

FILED
May 21 1998 8:00am
Secretary of State

Principal Plac	SEAFOOD PRODUCE, INC	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
5343 N. STATE ROAD 7 5343 N. STATE ROAD 7 TAMARAC FL 33319 TAMARAC FL 33319					
				DO NOT WRITE IN THIS SPACE	Ε
				3. Date Incorporated or Qualified 04/08/1993	
2. Principal F	Place of Business 2a. Mailing Address 26			4. FEI Number 65-0402766	Applied For Not Applicable
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.			5 Certificate of Status Desired S	3.75 Additional
City & Stal	2				Fee Required
23	28				5.00 May Be Added to Fees
Zip 24	Country Zip 25 29		Country 30	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre		[30]	Personal Property Tax due June 30. Yes 10, Name and Address of New Registered Agent	
	I, STEVE K		81 Name		
10600 NW 29TH MANOR			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)	
50	INRISE FL 33322		83		
			84 City	FL 85	Zip Code
office or i agent. La SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obli- Signatur, typed or parted name of registered a	<u>.</u>	authorized by the corpor orida Statutes.	orporation submits this statement for the purpose of chan ration's board of directors. I hereby accept the appointment of the purpose of channel or	ent as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 12
TITLE	P	DELETE	1.1 TITLE	□ C	hange
NAME	LIN, STEVE K s 10600 NW 29TH		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	SUNRISE FL		1.3 STREET ADDRESS		
TITLE	\$	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	□ c	hange Addition
NAME	MINH, CAO		2.2 NAME		
STREET ADDRESS	2646 NW 94 AVENUE		2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	CORAL SPRINGS FL	- Decemen	2. 4 CITY - ST - ZIP		
TITLE NAME		☐ DEL€TE	3.1 TITLE 3.2 NAME	∐ CI	hange 🔲 Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	C) C)	hange Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		hange Addition
NAME			5.2 NAME		- Li radiioli
STREET ADDRESS			5.3 STREE1 ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	□ cr	nange Addition
NAME STOCKY ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS		
	certify that the information supplied:	with this filing does not qualify for	6.4 City-ST-7IP	in Section 119 07/3Vi). Florida Statutes, I further certify th	est the information

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 supplienced at an indicated on this annual report or supplienced at the conference 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.

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MAY 10 1998