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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

561-641-3067

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082467 (0)

SEAFOOD HOUSE, INCORPORATED

Principal Place of Business Mailing Address 2051 N.E. 46TH STREET 2851 N.E. 48TH STREET LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064-7264 3. Date Incorporated or Qualified 3a. Date of Last Report 11/23/1993 02/06/1996 2. Principal Piace of Business 2a. Mailing Addres 4. FEI Number Applied For 5054Y 65-0456705 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes 🗌 No Florida Statutes 9. Name and Address of Current Registered 10. Name and Address of New Registered Agent 81 Name LABARBERA, SANTO 2851 N.E. 46TH STREET Street Address (P.O. Box Number is Not Acceptable) LIGHTHOUSE POINT FL 33064 83 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 Sign one, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstaling) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) TUTLE DELETE 1.1 TITLE Change ___ Addition LABARBERA, SANTO NAME 1.2 NAME 2851 N.E. 48TH STREET STREET ADDRESS 1.3 STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY - ST - 7IP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE HILE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CHTY - ST - ZIP 34. CITY-ST-ZIP DELETE IIId Change 41 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-\$1-76 4.4 City-St-ZIP DELETE HILL 51 TITLE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-51-7:P 54 CITY-ST-ZIP DELETE 1.TLF Change 61 TITLE Addition NAME 62 NAME STREET ADDRESS. 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CHY-ST-702

14. I do 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 3 if changed, or on an attachment with an address.

SIGNATURE