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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000049639 (5)

HANSON'S SEAFOOD, INC.

Principal Place of Business Mailing Address
2108 N.E. 124TH STREET 2108 N.E. 124TH STREET
NORTH MIAMI FL 33181 NORTH MIAMI FL 33181

2a. Mailing Address

## FILED Feb 06 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualified

06/29/1994

21		26			65-0507177	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
22	27				3. Certificate of oratos besired	Fee Required
City & State					6. Election Campaign Financing	<b>\$5.00</b> May Be
23 28					Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid th	
24	25	29	30		Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent
HANSON, JAMES D JR.				Name		
2108 N.E. 124TH STREET				Street Add	ress (P.O. Box Number is Not Acceptable)	
NORTH MIAMI FL 33181						
				33		İ
				34 City		85 Zip Code
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 of 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 objections of, Section 607.0505, Florida Statutes.						
SIGNATURE						
<u></u> _				Agent signature requir		172
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD ~	☐ DELETE	1.1 TITL	•		Change Addition
NAME	The art of the control of the contro		1.2 NAN	IE		وا
STREET ADDRESS	2108 N.E. 124TH STREET		1.3 STR	EET ADDRESS		Į į
CITY-ST-ZIP			1.4 CITY	'-ST-ZIP		
TITLE	SD	DELETE	2.1 TITL	£		Change
NAME	HANSON, RAEGAN		2.2 NAM	E		-
STREET ADDRESS	2108 N.E. 124TH STREET		2.3 STR	ET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181 2.44		2. 4 CIT	Y-ST-ZIP		
TITLE	DELETE 3.1 T		3.1 TITL	E		Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STR	ET ADDRESS	-	
CITY-ST-ZIP		<u> </u>	3.4, CIT	r-st-zip		
TITLE		☐ DELETE	4.1 TITL	E		Change   Addition
NAME			4. 2 NA	ΛE		
STREET ADDRESS			4.3 STR	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELETE	5.1 TITL	:		Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP	, sa.		5.4 CITY	-ST-ZIP		
TITLE		DELETE	6.1 TITU			Change Addition
NAME			6.2 NAM	E J		
STREET AODRESS			6.3 STRI	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	-ST-ZIP		
14. 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 on the receiver or this see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my narrie appears in						