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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000065151

1. Corporation Name

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90068 042 ***150.00

OCEAN	Fresh Seafood, Inc.								
Principal Place	e of Business	Mailing Address				F INCHING INCHINATION OF BUILDING	HE DEED UPIN	I UIIGS BAIGI AIDD) 0 }{ 0 }
105 GALLEON ROAD 105 GALLEON ROAD									
ISLAMORADA FL 33036 ISLAMORADA FL 33036						50 1107 1100		00405	
					ŀ	DO NOT WRI	IE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 08/31/1994			
2. Principal Place of Business , 2a. Mailing Address						4. FEI Number			pplied For
21 19669 Indian Mounds DR 26 19669 India				an Hounds Da		65-0550408			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.	, , , ,	y = 1, - 1		,		4	Additional -
22		27			1	5. Certifcate of Status Desired		Fee R	lequired
City & Stat	e //	City & State	~			6. Election Campaign Financing		\$5.00	May Be
23 SUGARLOAF KEY, FL 28 SUGARLOAF Zip Country USA? Zip Zip				, FC		Trust Fund Contribution		Added	to Fees
Zip 23.0	Country (1374	~~ ~~~/\\	Country	SA	-	8. This corporation owes the curr	ent year In	itangible	□No
24 330	9. Name and Address of Current Re			2//		Personal Property Tax. 10. Name and Address of New F	Registered		
	5. Ivallie and Address of Current Re	Alereien Wheitr	81	Name		10	B	-0	
GREGG, MARK H							<u>. </u>		
100360 OVERSEAS HIGHWAY KEY LARGO FL 33037			82 Street Addre			s (P.O. Box Number is Not Accepta	able)		
									
			84	City			FL	_ 85 Zip	Code
agent. I a	registered agent, or both, in the State of F m familiar with, and accept the obligations the state of F m familiar with, and accept the obligations with the state of F m familiar with and accept the obligations with the state of the state	s of Section 647.0505, Florida	Statutes	i.		then reinstating)	/->	~ ~~	·
12.	OFFICERS AND D	IRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	D	☐ DELETE	1.1 TITLE	[Change	Addition
NAME	ALBERTS, GARRETT G	Toda Mounda	1.2 NAME						
STREET ADDRESS	-105 GALLEON ROAD 19669	LIIUIAN I ICANUS		TADDRESS					
CITY-ST-ZIP -	ISLAMORADA FL 33036 SHGA	ALOAF Key FU 33	7/6 2 -	Ŧ-ZIP				Change	☐ Addition
TITLE			2.1 TITLE	l				☐ Change	☐ Addition
NAME	ALBERTS, KAREN J 105-GALLEON ROAD 19669 IV ISLAMORADA FL 33038 SUGAR	dian Mounds DR	2.2 NAME						
STREET ADDRESS	105 GALLEUN HOAD TO SUGAR	LOAF Key, FC		T ADDRESS					
CITY-ST-ZIP	ISLAMURADA FL 33036	73 84 →	2.4 CITY-5 3.1 TITLE	ST-ZIP				☐ Change	Addition
TITLE		C DEFEIR	3.2 NAME						
NAME STREET ADDRESS				T ADDRESS					
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-5						
TITLE		☐ OELETE	4.1 TITLE	-				Change	Addition
NAME			4. 2 NAME					,	
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5,1 TITLE					. Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE	1				☐ Change	☐ Addition
NAME			6.2 NAME	İ					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			6.4 CITY-S	T-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 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 chapged, or on an attachment with an address with all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR