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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400068796 (9)

FILED May 01 1997 8:00am Secretary of State

KINGS POINT FISH MARKET, INC. Principal Place of Business Mailing Address 15067 CARTER ROAD 15067 CARTER ROAD DELRAY BEACH FL 33446 DELRAY BEACH FL 33446								
					3. Date Incorporated or Qualified 09/15/1994		Date of Last Re 12/1996	eport
—ı '	Place of Business	28. Mailing Address			4. FEI Number 65-0525716			oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
City & Stat	le	City & State			6. Election Campaign Financing		Fee Re	
23		28			Trust Fund Contribution		\$5.00 Added (
Zip 24	Country 25	Zip 29	Country 30	/	8. This corporation has liability for Florida Statutes	_	e tax under s.	. 199.032.
	9, Name and Address of Cui				10. Name and Address of New Re			***************************************
THE 1515	TMON, JOY A ESQ. LAW OFFICES OF BARTMON 5 N. FEDERAL HWY., SUITE 3 14 RATON FL 33432		81 82 83	Street Add	ress (P.O. Box Number is Not Accepta	bie)	85 Zip (Code
agent I a SIGNATURE	Signature typed or printed name of registered	d agent and title if applicable (NC AND DIRECTORS			poration submits this statement for the tion's board of directors. I hereby acce red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
TITLE NAME STREET ADDRESS	D HYONG, CHUL WOO 5268 CANNON WAY WEST PALM BEACH FL 334	DELETE		ADDRESS			Change	Addition
CITY: ST-ZIF TITLE	WEST FALM DEACTIFE 334	DELETE	1.4 CITY-: 2.1 TITLE	ST-ZIP			Change	Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREE	T ADDRESS	·		·	
CITY - \$1 - 7IP		L DELEVE	2. 4 CITY-	ST-ZIP	·	•		14200-
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STREET ADDRESS			1	T ADDRESS				
TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			Change	Addition
NAME			4 2 NAME	i	÷			
STREET ADDRESS CHY-ST-ZIP			4.3 STREE	FADDRESS				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS			٠	
TITLE		☐ DELETE	5.4 CITY - 5 6.1 TITLE	SI+ZIF	,	·····	Change	☐ Addilion
NAME			6.2 NAME					
STREET ADDRESS				TADDRESS				
CITY - \$1 - ZIP			64 CITY -	ST-ZIP				

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 13 if changed, or on an attachment with an address.

SIGNATURE: