

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000005888 (9)

1. Corporation Name

SOUTH FLORIDA SEAFOOD NETWORK, INC.

Principal Place of Business

4020 N.E. 10TH WAY
POMPANO BEACH FL 33064

Mailing Address

4020 N.E. 10TH WAY
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1995

4. FEI Number

65-0552280

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 1500 S.E. 3rd COURT
Suite, Apt. #, etc.

22 SUITE 215
City & State

23 DEERFIELD BEACH, FL.
Zip Country

24 33441 25 BROWARD

2a. Mailing Address

26 1500 S.E. 3rd COURT
Suite, Apt. #, etc.

27 SUITE 215
City & State

28 DEERFIELD BEACH, FL.
Zip Country

29 33441 30 BROWARD

9. Name and Address of Current Registered Agent

FRIEDMAN, RONALD R ESQUIRE
C/O ENGLISH, MCCAUGHAN & O'BRYAN, P.A.
40 S.E. 5TH STREET, SUITE 405
BOCA RATON FL 33432

81 Name

FRIEDMAN, RONALD R ESQUIRE

82 Street Address (P.O. Box Number is Not Acceptable)

C/O ENGLISH, MCCAUGHAN & O'BRYAN, P.A.

83

120 E. PALMETTO PARK RD, SUITE 450

84 City

BOCA RATON

FL

85 Zip Code

33432

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HILL, TIM C
STREET ADDRESS 2400 N.E. 10TH STREET, APT. 101
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME HILL, TIM C
1.3 STREET ADDRESS 2400 N.E. 10TH STREET APT. 203
1.4 CITY-ST-ZIP POMPANO BEACH, FL. 33062

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

Tim Hill

9/18/98

951-5711-0134

CR2E034 (5/98)