

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000032792 (0)

1. Corporation Name

BLUE HARVEST SEAFOOD CO.

Principal Place of Business

% LAW OFFICES OF MARJORIE E. WOLASKY  
7103 S.W. 102 AVENUE  
MIAMI FL 33173

Mailing Address

3621 POINT HITCH ROAD  
GLENWOOD MD 21738



3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4135 Dr. M.L.King Blvd

26 4135 Dr. M.L.King Blvd

4. FEI Number  
65-0579119

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 City & State  
Fort Myers, FL

27 City & State  
Fort Myers, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip  
33916

25 Country  
Lee

29 Zip  
33916

30 Country  
Lee

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLASKY, MARJORIE E  
7103 S.W. 102ND AVENUE  
MIAMI FL 33173

81 Name  
Steele, Andrew C.

82 Street Address (P.O. Box Number is Not Acceptable)  
4135 Dr. M.L.King Jr. Blvd.

83

84 City  
Fort Myers

FL 85 Zip Code  
33916

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 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title in application.

(NOTE: Registered Agent signature required when re-registering)

5/3/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME DEIULIS, VINCENT R  
STREET ADDRESS 3621 HITCH ROAD  
CITY-ST-ZIP GLENWOOD MD 21738

DELETE

TITLE D  
NAME GOFF, RUSS  
STREET ADDRESS 135 SCHNEIDER DRIVE  
CITY-ST-ZIP FORT MYERS FL 33905

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
Steele, Andrew C.  
4135 Dr. M.L. King Jr. Blvd.  
Fort Myers, FL 33916

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew C. Steele

5/3/96

DATE

(941)334-1466

Daytime Phone #

CR2E034 (12/95)