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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CCRPORATIONS

DOCUMENT # P95000038134

1. Corporation Name

TWO FISHERMEN SEAFOOD OF BOCA RATON, INC. Mailing Address Principal Place of Business 1501 N.W. BOCA RATON BLVD. 1501 N.W. BOCA RATON BLVD. **BOCA RATON FL 33432 BOCA RATON FL 33432** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/12/1995 4. FEI Number 2. Principal Flace of Business Applied For 2a. Mailing Address 65-0582297 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Ir tangible Zip Country Zip [] Yes Personal Property Tax 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Addr∋ss of Current Registered Agent 81 Name MLEKO, JOHN Street Address (P.O. Box Number is Not Acceptable) 82 420 S.W. 3RD AVE. **BOYNTON BEACH FL 33435** 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named ecrporation submits this statement for the purpose of changing its registered office or registered agent, or bolh, in the State of Florida. Such change was authorized by the corporation's board of circulars. 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) OFFICERS AND DIRECTORS 13. 12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change Addition DELETE 1.1 TITLE TITLE MLEKO, JOHN 1.2 NAME NAME 420 S.W. 3RD AVE. 1.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE PANARELLO, J T 22 NAME NAME 5303 VENTURA DRIVE 2.3 STREET ADDRESS STREET ADDF ESS **DELRAY BEACH FL 33484** 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

DELETE

DELETE

DELETE

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not quality 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 at pears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADD RESS

STREET ADDRESS

STREET ADDRESS

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TITLE

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TITLE

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JOHN MIEKO

561-595-5433

☐ Change

☐] Change

Change

☐ Addition

☐ Addition

Addition

FILED

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90004 045 ***150.00

CR2E034 (11/98)

[]No