## PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Saudra B. Mortham Secretary of State

| DOCH   | 1996<br>MENT # P9500   | DIVISIO   | ON OF CORPORATIONS   |  |  |  |
|--|--|---|--|--|--|--|
| 1. Corporatio  | SEAFOOD MARKET, INC.   | 00041724  | (2)  |  |  |  |
|  | The state of the s |   |  | ( PARIOTA) (NA NASAR ASSIR ARIO) A   | FAIR CONTRACTOR ATOM THAT TO STATE ATOM THAT ATOM THAT |  |
| Principal Place                                      | of Business  | Mailing Address   |  |  |  |  |
| 1018 N.W. 10TH AVE.                                  |  | 1018 N.W. 10TH AVE.   |  |  | serri anter arget tibet fabil bifit Bifit 1884         |  |
| FT. LAUDER   | DALE FL 33311  | FT. LAUDERDALE  |  |  |  |  |
|  |  |   |  | Date Incorporated or Qualified   | 3a. Date of Last Report                                |  |
| 2. Principal Pl                                      | ace of Business  | 2a. Mailing Address   |  | 05/23/1995   | July of Edist Heport                                   |  |
| 21   |  | 26]   |  | 4. FEI Number<br>65-058 x  | Applied For  |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, et   | C.   |  | Not Applicable \$8.75 Additional                       |  |
| City & State   |  | City & State  |  | 5. Certificate of Status Desired   | Fee Required   |  |
| 23   |  | 28  |  | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be  |  |
| Ζιρ<br><b>24</b>                                     | Country  | Zip   | Country  | This corporation has liability for   | Added to Fees  |  |
| 24   | 25<br>9. Name and Address of Currer  | 29  | 30   | Florida Statutes   | s []No   |  |
|  |  | M MORISTOTEO AGEIN  | 81 Name  | 10. Name and Address of New  | Registered Agent                                       |  |
|  | OUNG OAK   |   |  |  |  |  |
| 9761 SARATOGA PARK                                   |  |   | 82 Street Ado  | dress (P.O. Box Number is Not Acceptable)  |  |  |
| BOCA R   | ATON FL 33498  |   | В3   |  |  |  |
|  |  |   | 84 City  | · · · · · · · · · · · · · · · · · · ·  |  |  |
| 11. Pursuant to                                      | the provisions of Sections 607.0502  | and 607 1508 Florido St   |  | ·  | FL  85 Zip Code  |  |
| or registere<br>familiar witt                        | d agent, or both, in the State of Floric<br>it, and accept the obligations of Section  | a. Such change was auti-  | stotes, the above named corporation's boa  | ration submits this statement for the pured of directors. I hereby accept the app                                    | rpose of changing its registered office                |  |
| SIGNATURE  |  |   | Jies,  | у  | comment as registered agent, ram                       |  |
| 12.  | lignature, typed or printed name of registered agont i<br>OFFICERS AND   | and tile if applicable  | (NOTE: Registered Agent's gnature require  | id when reinstating)   | ENTE   |  |
| TITLE  | PRESIDENT  | DELETE  | 13.  | ADDITIONS/CHANGES TO OFF   |  |  |
| NAME   | CHANNE   |   | 1. 1 TITLE<br>1.2 NAME   |  | ☐ Change ☐ Addition                                    |  |
| STREET ADDRESS                                       | 9761 CARATO  | 4 Page  | 1.3 STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP<br>TITLE                                 | BOCA ROS   | FON FL 337  | 1.4 CITY-ST-ZIP  |  |  |  |
| NAME   | CHOUNG EI<br>9761 SARATO<br>BOCA ROS<br>CHU SECRETHAY  | / DELETE  | 2 1 TITLE  |  | Change Addition  |  |
| STREET ADDRESS                                       | BOCA RATION  | PART  |  |  | □ viewiĝo □ viegition 1                                |  |
| CITY-ST-ZIP  | BOGA RAT   | <br>  | 2.3 STREET ADDRESS   |  |  |  |
| TITLE  | 7700   | DELETE  | 24 CITY - ST - ZIP 3.1 TITLE   |  |  |  |
| NAME   |  |   | 3 2 NAME   | •  | Change Addition  |  |
| STREET ADDRESS<br>CITY - ST - ZIP                    |  |   | 33 STREET ADDRESS  |  | ł  |  |
| TITLE  |  | - Contra  | 3 4 CHY-ST-ZIP   |  |  |  |
| NAME   |  | ☐ DELETE  | 4. 1 TITLE   |  | Change Addition  |  |
| STREET ADDRESS                                       |  |   | 4.2 NAME   |  |  |  |
| CITY-ST-ZIP  |  |   | 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP   |  |  |  |
| ITLE   |  | DELETE  | 5 1 11/LE  |  | Change Survey  |  |
| IAME<br>Treet address                                |  |   | 5.2 NAME   |  | CT CINUME > CTX ADDICTION .                            |  |
| CITY-ST-ZIP  |  |   | 5.3 STREET ADDRESS   |  | 0 11   |  |
| ITLE   |  | DELETE  | 5.4 C/TY-ST-Z/P  |  | J  |  |
| AME  |  | Fra series  | 6 1 THE<br>62 NAME   | 200001.00  | Change Addition  |  |
| TREET ADDRESS  |  |   | 6.3 STREET ADDRESS   | 20000185<br>-06/04/96010<br>***225.00  | 93004  |  |
| ITY-ST-ZiP<br>4. I do hereby o                       | Ortify that the information  |   | 6.4 CITY - ST - ZIP  | ***225.00  | e a most   |  |
| certify that the<br>oath; that I ar<br>appears in Be | e information information supplied with<br>e information indicated on this annual<br>m an officer or director of the corporat<br>ock 12 or Block 13 if changed, o on   | i tris tiling is voluntarily fur<br>report or supplemental ar-<br>gri or the receiver or trust<br>an attachment with ac add | mished and does not qualify for<br>nual report is true and accurate<br>ee empowered to execute this<br>dress | the exemption stated in Section 119.0 and that my signature shall have the s report as required by Chapter 607, Flor |  |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NINE OF SIGNING OFFICER OR DIRECTORY

5/13 / 96 Dayting Phone #