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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046385 (7)

MICHEAL'S STEAK & SEAFOOD, INC.

5420 GALL BLVD ZERPHYRHILLS FL 33540				5420 GALL BLVD ZERPHYRHILLS FL 33541-3932											
									3. Date Inc		or Qualific		Date of L		port
2. Principal Place of Business				2a. Mailing Address					4. FEI Num				3	Apr	olied For
21				26					59-3	<u>317570 </u>				Not	Applicable
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certifica	ate of Statu	s Desired			.75 A	dditional quired	
City & State				City & State					6. Election	Campaign	Financing	~			May Be
23			28						Trust Fu	nd Contrib	ution		A	dded to	Fees
Zip	Country			Zip Cou			/		8. This corporation has liability for intangible tax under s. 199.03					199.032,	
24	25 29 9. Name and Address of Current Registered Ag			tornel front	30				Florida Statutes Yes No 10. Name and Address of New Registered Agent						
		Id Address of Curre	ini negis	tereu Agent		81	Nar		10. Name a	ing Agorei	S OI NOW	Legister	eo văeur		
	NH, HUNG					["	l ''a								
5420 GALL BLVO Zerphyrhills FL 33540							Street Address (P.O. Box Number is Not Acceptable)								
							19								
						83									
						B4	City	/			·····		85	Zip C	ode
44 Discount L	a the manier	o of Cashoos 607 DE	O2 and E	07,1508, Florida Statu	doe the	- chou	<u> </u>	and norm	aratian submit	a thin atata	mant for t	-	-,,	nino ito	conintered
office or re	egistered ager	it, or both, in the Stat	e of Flori	da. Such change was	author	ized by	y the (corporati	ion's board of	directors. I	hereby ac	ccept the a	appointme	nt as r	egistered
agent. I ar	n familiar with,	and accept the obli	gations o	f, Section 607.0505, F	lorida S	Statute	S.								
SIGNATURE		and deep transfer to	and pod till	dayaankla #M	TF: Doole	torad &a	ont eign	aturo anguleo	ed when reinstating)			DAT	£		
Signature hypero or printed nanci of registrand agent 12. OFFICERS AND							erit arğıı	attire require		NS/CHANG	ES TO O			CTORS	3 IN 12
TITLE	D			DELETE		.1 TITLE]					☐ Ch		Addition
NAME	HUNYH, H	UNG			1	2 NAME		1							
STREET ADDRESS		MARIANNA DR			1	.3 STREET	T ADDRE	ess							
CITY - ST - ZIP		AVEN FL 33880				.4 CITY-S									
THILE	D			DELETE		1 TITLE	D. 1	+					Cr	ange	Addition
NAME	HUNYH, K	M			2	2 NAME									
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NAME					5	.2 NAME									
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CITY-ST-ZIP					5	4 CHY-S	ST-ZiP								
TITLE				DELETE	6	1 TITLE							C	iange	Addition
NAME					6	.2 NAME									
STREET ADORESS					6	i.3 STREE	t addri	SS							
CITY - ST - ZIP		,				i.4 CITY-1									
14. Loo hereb	y certify that t	he information suppli	ed with ti	nis filing does not qua	lify for	the exe	emptir	on stated	d in Section 119	9.07(3)(i), F	lorida Sta	itutes. I fui	rther certif	y that t	he
information Lam an of	n indicated on figer or directo	πis armual report or or of the corporation (supplem or the rec	nental annual report is ever or trustee empo	rrue ar	na acc to exe	urate cute t	and that his report	iny signature : it as required b	snall have by Chapter	me same 607, Flori	iegai enec da Statute	ci as it ma is; and tha	be und It my ni	ær oatn; that ame