

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000058542 (8)

1. Corporation Name

SUNSET MEAT & FISH INC.



Principal Place of Business

6933 SUNSET STRIP
SUNRISE FL 33313

Mailing Address

6933 SUNSET STRIP
SUNRISE FL 33313

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

4. FEI Number

65-0595878

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRYCE, CARLTON
6933 SUNSET STRIP
SUNRISE FL 33313

81. Name

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

83

84. City

FL

85. Zip Code

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 of agent.

(Note: Registered Agent signature required when changing agent.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRYCE, CARLTON
STREET ADDRESS 6933 SUNSET STRIP
CITY- ST- ZIP SUNRISE FL 33313 ☐ DELETE

TITLE VD
NAME STEPHENSON, PHILLIP
STREET ADDRESS 6933 SUNSET STRIP
CITY- ST- ZIP SUNRISE FL 33313 ☒ DELETE

TITLE STD
NAME THORPE, DOREEN
STREET ADDRESS 6933 SUNSET STRIP
CITY- ST- ZIP SUNRISE FL 33313 ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME CARLTON Bryce
1.3 STREET ADDRESS 6933 Sunset Strip
1.4 CITY- ST- ZIP Sunrise FL 33313 ☐ Change ☒ Addition

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

3.1 TITLE VP, STD
3.2 NAME DOREEN THORPE
3.3 STREET ADDRESS 6933 Sunset Meat Fish Strip
3.4 CITY- ST- ZIP Sunrise FL 33313 ☒ 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

4-20-96

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