

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000060482 (3)

1. Corporation Name

SOUTHEAST CRAB & SEAFOOD CO.



Principal Place of Business

HIGHWAY 278
 VERNON FL 32462

Mailing Address

P.O. BOX 752
 VERNON FL 32462

3. Date Incorporated or Qualified

08/04/1995

3a. Date of Last Report

2. Principal Place of Business

21 Hwy 278

Suite, Apt., etc.

23 City & State

VERNON, FLA.

24 Zip

32462

25 Country

WASH

2a. Mailing Address

26 P.O. Box 752

Suite, Apt., etc.

27 City & State

VERNON, FLA

29 Zip

32462

30 Country

WASH

4. FEI Number

59-3246029

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

9. Name and Address of Current Registered Agent

NGUYEN, HAI V
 HIGHWAY 278
 VERNON FL 32462

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0532 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

Handwritten signature

NGUYEN, HAI VAN

5/3/96

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	NGUYEN, HAI VAN	
STREET ADDRESS	2723 E. 16th ST.	
CITY-ST-ZIP	PANAMA CITY, FLA. 32405	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE
NAME	TRIEU, CATHY	
STREET ADDRESS	615 CACTUS AVE.	
CITY-ST-ZIP	PANAMA CITY, FLA 32401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.4 CITY-ST-ZIP	

600001830246
 -05/20/96--01063--012
 ***200.00

Handwritten initials
 5-1-96

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:

Handwritten signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

(904) 535-0807

CR2E034 (12/95)