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



	CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCI 1. Gorpora	JMENT #	P9500009	2836 (2	2)						
TALL	Water Seafood), INC.								
)	i Pa ul Pa ul I	HUS West He	ARA MARA BINI TRA
	ace of Business	Mail	ing Address					! (1 44 144		
11805 96TH PLACE NORTH SEMINOLE FL 34642		118 Sei	11805 95TH PLACE NORTH SEMINOLE FL 34642							
2. Principal	Place of Business	20 1	Autos Auto			1	nte Incorporated or Qualified 2/06/1995	3a. Da	te of Last	Report
21		26	Aailing Address			4. FE	Number 9-3352516	·	Ť	Applied For
Suite, Ap	t. #, etc.	F:	iuite, Apt. #, etc.							Not Applicable
City & Sta	ale	27				L	rtificate of Status Desired			75 Additional e Required
23 Zip		28	ily & State			6. Ele Tro	ection Campaign Financing ist Fund Contribution		\$5.	00 May Be
24	25 Coun	29		Count 30	ŷ	8. Th	s corporation has liability for	intang/ble t	ax under:	ded to Fees s 199.032,
	y. Name and Add	ress of Current Register	ed Agent				me and Address of New	Registered	Agent	
ISAACS	S, STEVEN J			8	1 Name					
11805 8	96TH PLACE NORTH			8:	2 Street /	Address (P.O. (Box Number is Not Accepta	ble)		
SEMINO	DLE FL 34642			83	3					
				84	City				,	
11. Pursuant	to the provisions of Sec	tions 607 0502 and 607 to	00 5: 100		,			FL		2p Code
or registe familiar w	ered agent, or both, in the with, and accept the oblice	e State of Florida, Such ch ations of, Section 607,050	506, Florida Statut lange was authoriz	es, the above ted by the con	named cor poration's I	rporation subm board of directi	its this statement for the pu ors. Thereby accept the app	rpose of cha	anging its	registered office
SIGNĄTURE				š.			y servey a city,	OF IT HE IT AS	registeret	u agent. i am
12.	Signature, typed or printed han a	OFFICERS AND DIRECTO	vice (Nr	IfE Biolesia Age	alsynetas na	a med when re next	ng			
TrILE	Ţ-	OLLICERS AND DIRECTO	RIS DELETE	13.		AD[DITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	ORS IN 12
NAME			_ outen	1 1 TIFLE 12 NAME		P/T/S/	J. Isaacs		☐ Cnange	Addition
STREET ADDRESS				_	ADDRESS	11805	6th Place Nort			
CiTY-ST-ZiP	ļ <u>.</u>			1.4 CIFY - 5		Semino	le, FL 34642	in.		
TITLE NAME			DELETE	2 1 TITLE					Change	Addition
STREET ADDRESS	}			2.2 NAME				<u></u>	_ change	LI AGGIIGII
CHTY - ST - ZIP				23 STREET						
THILE			DELETE	24 CITY - S 3-1 T-TLE	<u>'-7</u> P					
NAME			_	3.2 NAME] Change	Addition
STREET ADDRESS				33 STREET	ADDRESS					
CITY-SI-ZIP TITLE				3.4 CITY - S	T - 7iP					İ
NAME			DELETE	4 1 TITLE] Change	Addition
STREET ADDRESS				4.2 NAME						
CITY - ST - ZIP				43 STREET						
TITLE			DELETE	4 4 City - Si 5 1 Title	- ZH.	··				
IAME				5.2 NAME				L	Change	Addition
TREET ADDRESS				5.3 STREET A	ADORESS					
ITY - ST - ZIP			F1.00.5	5.4 CITY - S1	- 7/2					
AME			☐ DEFELE	6 1 TiTLE					Change	Addition
TREET ADDRESS				6.2 NAME						
				63 STREET A	JUORESS					

6.4 CHY+ST-ZiP 14. To 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 appears in Block 12 or Block 13 if changed or or an attachment with an address.

SIGNATURE:

STEVE J. ISAALS DOWN TYPED ON PRINTED NAME OF SIGNING OMICER OR DIRECTOR