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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000004945 (7) DOCUMENT #

TRIPLE Z SEAFOOD, INC.

**FILED** Feb 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					r Edmiradi ilin bayın dirili dürli dölili dölili dölili dölik aşının loğul dirili ilini	
12942 HARBOR VIEW DRIVE SEMINOLE FL 34646		12942 HARBOR VIEW DRIVE SEMINOLE FL 34646				
					DO NOT WRITE IN THIS SPACE	
					3, Date Incorporated or Qualified 01/17/1996	
2. Principal Place of Business		2a, Mailing Address			4. FEI Number Applied For	
21 26		26	}		<b>59-3353384</b> Not Applica	_
Suite, Apt.	#, etc	Suite, Apt. #, etc.			6. Certificate of Status Desired S8.75 Additional	
22		27			Fee Required	_
City & State	<b>6</b>	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Co.	Zip	Country	,	8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. Yes No	
<u> </u>	g. Name and Address of Current	Registered Agent	81	T	10. Name and Address of New Registered Agent	
	llmer, ronald d 242 Harbor View Drive			Name		
SEMINOLE FL 34646			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	- 1
			83			
			84	City	FL 85 Zip Code	$\neg$
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statute	os, the above	e-named c		ed
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, fram familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
ļ	Signature, types or protect name of corporated ages		_	ent signature re	equired when reinstating) DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ZELLMER, RONALD D		DELETE 1.1 TITLE 1.2 NAME		Change Apoli	יוטוי
STREET ADDRESS	12942 HARBOR VIEW DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 34646		1.4 CITY-ST-ZIP			
TITLE	D	DELETE	2.1 TITLE	11-211	Change Addit	ion
NAME	ZELLMER, CHERIE K		2.2 NAME			
STREET ADDRESS	12942 HARBOR VIEW DRIVE		2.3 STREET	ADDRESS		
SEMINOLE FL 34646			2.4 CITY-SF-ZIP			
TITLE			3.1 TITLE		☐ Change ☐ Addit	ion
NAME	<b>ZELLMER</b> , JAMES		3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		- 1
CITY-ST-ZIP	SEMINOLE FL 34646		3.4. CITY - 5	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addit	ion
NAME			4. 2 NAME			-
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T- ZIP		
TITLE		☐ DEFELC	5 1 TITLE		Change Addit	ion
NAME			5.2 NAME			
STREET ADDRESS			53 STREET	1		
CITY-ST-ZIP			54 CITY - S	T-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addit	JUFN
NAME			62 NAME			
STREET ADDRESS			63 STREET	ADDRESS		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 13 if changed, or on an attachment with an address.

SIGNATURE: