


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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90027 049 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000004945

1. Corporation Name
TRIPLE Z SEAFOOD, INC.



Principal Place of Business 12942 HARBOR VIEW DRIVE SEMINOLE FL 34646	Mailing Address 12942 HARBOR VIEW DRIVE SEMINOLE FL 34646
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1996

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22 Mailing Address Suite, Apt. #, etc. City & State Zip Country	23 FEI Number 59-3353384	Applied For Not Applicable
24 25		26 27	
28		29 30	

4. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

6. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent ZELLMER, RONALD D 12942 HARBOR VIEW DRIVE SEMINOLE FL 34646		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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]* DATE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZELLMER, RONALD D	1.2 NAME	
STREET ADDRESS	12942 HARBOR VIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZELLMER, CHERIE K	2.2 NAME	
STREET ADDRESS	12942 HARBOR VIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	D	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZELLMER, JAMES	3.2 NAME	
STREET ADDRESS	12942 HARBOR VIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34646	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **3/31/99** DAYTIME PHONE #: **727-393-7545**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)