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

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

TITLE

NAME STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

14. I hereby certify that the informal indicated on this annual report

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1998 8:00am

Secretary of State

___ Addition

Addition

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000017233 (3)

HI-SEAS SEAFOOD AND CRAB, INC.

Principal Plac	o of Rusiness	Mailing Address	······						
Principal Place of Business		Mailing Address							
202 THIRD STREET FT. MYERS FL 33907		202 THIRD STREET							
71. MIERO FE 33807		FT. MYERS FL 33907			DO NOT WRITE IN THIS SPACE				
į						3. Date Incorporated or Qualified			
						02/23/1996			
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		AI	pplied For	
21		26				59-3361670		N ₁	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #, e	itc.		, ,	5. Certificate of Status Desired		\$8.75	Additional
22		27				8. Certificate of Status Desireo		Fee Re	equired
City & State	e	City & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	_	untry	1	8. This corporation owes or has p			
24	25 Name and Address of Curren	1 Basistared Apont	30	т-		Personal Property Tax due June			_ No
		r vadireasa võent		81	Name	10. Name and Address of New R	gistered	Agent	
	PER, BRYAN			"	Ivairie				
202 THIRD STREET				82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
FT. MYERS FL 33907				83					
ł				63					
ł				84	City			85 Zip	Code
44 Pureuppt	to the provinces of Sections 607.050	2 and CO7 1500. Flacida	Chat tan the	لــــا		poration submits this statement for the	FL		
I Office of r	edistered agent, or both, in the State	of Florida, Such change	n was authorize	id by	/ the corporat	tion's board of directors. I hereby acce	pt the app	r changing it pointment as	registered
agent la	m familiar with, and accept the obliga	ations of Section 607.05	505, Florida Sta	tutes	S .				_
SIGNATURE	Signatura, typod or printed name of registered age	rd and title if applicable	(NOTE Registers	d Age	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.	u Aye	init signature requir	ADDITIONS/CHANGES TO OFFI		O DIRECTOR	20 IN 12
TITLE	PD	DELE		ITLE		ADDITIONS/CHANGES TO OFF	JENS ANI	Change	Addition
NAME	WINEBRENNER, BETTY LOU	_	1	AME				— v	
STREET ADDRESS	2323 SO. 165TH ST				ADDRESS				
CITY-ST-ZIP	OMAHA NE 68132			ITY - S					
TITLE	VP	DELE		ITLE ·				Change	Addition
NAME	PIEPER, BRYAN H	_	2.2 N					دوست د س	
STREET ADDRESS	202 THIRD STREET			-	ADDRESS				
CITY-ST-ZIP	FT. MYERS FL 33907			2. 4 CITY - ST - ZIP					
TITLE		☐ DELE						Change	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				HY-S					
TITLE		☐ DELE		_				Change	Addition
NAME			4.21	IAME					_
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP				ITY - S1					l

upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information pplomental 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 or the receiver of trustee appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5.1 TIFLE

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE