

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P96000030098**

I. Corporation Name

**SABASTIEN AND MARIE SEAFOOD, INC.**

Principal Place of Business

1177 NW 81 ST  
MIAMI FL 33150  
US

Mailing Address

10160 TORCHWOOD AVE  
PLANTATION FL 33324  
US

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90005 049 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/05/1996**

4. FEI Number

**65-0666045**

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 owes the current year  
Intangible Personal Property.



Yes



No

Principal Place of Business

**1177 NW 81st Street**  
Suite, Apt. #, etc.  
**Miami, FL 33150**  
City & State

2a. Mailing Address

**10160 Torchwood AVE**  
Suite, Apt. #, etc.  
**Plantation, FL**  
City & State  
**33324**  
Zip

Zip **33150**

Country

**US**

Zip **33324**

Country

**US**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

1. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS

LE	PT	<input type="checkbox"/> DELETE
ME	FRANCOIS, SEBASTIEN	
REET ADDRESS	10160 TORCHWOOD AVE.	
Y-ST-ZIP	PLANTATION FL	
LE	VS	<input type="checkbox"/> DELETE
ME	FRANCOIS, MARIE	
REET ADDRESS	10160 TORCHWOOD AVE.	
Y-ST-ZIP	PLANTATION FL 33324	
LE	PT	<input type="checkbox"/> DELETE
ME	FRANCOIS, SEBASTIEN	
REET ADDRESS	10160 TORCHWOOD AVE	
Y-ST-ZIP	PLANTATION, FL 33324	
LE	VS	<input type="checkbox"/> DELETE
ME	FRANCOIS, MARIE	
REET ADDRESS	10160 TORCHWOOD AVE	
Y-ST-ZIP	PLANTATION, FL 33324	
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
ME		
REET ADDRESS		
Y-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **SEBASTIEN FRANCOIS**

**7/6/99**

Date

Daytime Phone #

CR2E034 (5/99)