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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000047331 (9)

GENE'S SEAFOOD OF AVONDALE, INC.

| Principal Place<br>4000 ST. JOHNS<br>SUITE 40-D<br>JACKSONVILLE I | AVENUE                                                                                         | SUITE 40-D                                                                                                  | 4000 ST. JOHNS AVENUE                                                    |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date Incorporated or Qualified                                                                                                                        |                                    |                           |                    |  |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|--------------------|--|
| 6 Date all pu                                                     | a a D                                                                                          |                                                                                                             |                                                                          |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 05/29/1996                                                                                                                                            | <u> </u>                           |                           |                    |  |
| 2. Principal Place of Business                                    |                                                                                                | }ı ``                                                                                                       | 2a. Mailing Address                                                      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4. FEI Number                                                                                                                                         |                                    |                           | lied For           |  |
| Suite, Apt. #, etc.                                               |                                                                                                | 26   Suite Ant # et                                                                                         | Suite, Apt. #, etc.                                                      |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 59-337835                                                                                                                                             | <del></del>                        |                           | Applicable         |  |
| 22                                                                |                                                                                                | F                                                                                                           | 27                                                                       |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ol><li>Certificate of Status Desired</li></ol>                                                                                                       |                                    | . <b>75</b> Ad<br>Fee Req |                    |  |
| City & State                                                      |                                                                                                | City & State                                                                                                |                                                                          |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. Election Campaign Financing \$5.00 May Be                                                                                                          |                                    |                           |                    |  |
| 23                                                                |                                                                                                | 28                                                                                                          | 28                                                                       |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Trust Fund Contribution Added to Fees                                                                                                                 |                                    |                           |                    |  |
| Zip                                                               | Country                                                                                        | Žip                                                                                                         | Count                                                                    | ry     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8. This corporation has liability for in                                                                                                              |                                    |                           | 99.032,            |  |
| 24                                                                | 25                                                                                             | 29                                                                                                          | 30                                                                       |        | ·- ~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | Yes 😡 No                           |                           |                    |  |
|                                                                   |                                                                                                | Current Registered Agent                                                                                    | В                                                                        | 41     | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10. Name and Address of New Reg                                                                                                                       | Istered Agent                      |                           |                    |  |
|                                                                   | , MITCHELL J.                                                                                  |                                                                                                             | Ľ                                                                        |        | Ivanie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _                                                                                                                                                     |                                    |                           |                    |  |
| 4000<br>Suite                                                     | ST. JOHNS AVENUE                                                                               |                                                                                                             | 8:                                                                       | 2      | Street A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Street Address (P.O. Box Number is Not Acceptable)                                                                                                    |                                    |                           |                    |  |
|                                                                   | SONVILLE FL 32205                                                                              |                                                                                                             | 8:                                                                       | 3      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |                                    |                           |                    |  |
| JACK                                                              | SOMMILLE FL 32203                                                                              |                                                                                                             | -                                                                        | ╝.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |                                    |                           |                    |  |
|                                                                   |                                                                                                |                                                                                                             | 8                                                                        | 4      | Crty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                       | FL 85                              | Zip Co                    | ode                |  |
| SIGNATURE 1 12. TITLE NAME STREET ADDRESS                         | MITCHELL T. Ko                                                                                 | RADY  REAL AVE.                                                                                             | (NOTE: Registered A:  13.  TE: 1.1 TITLE  1.2 NAME  1.3 STREE  1.4 CITY- | E S1 # | AODRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | orporation submit 7his statement for the purporation's board of directors. I hereby accept when reings                                                | 1749<br>DATE                       | CTORS<br>nange            |                    |  |
| STREET ADDRESS                                                    |                                                                                                |                                                                                                             | 2.3 STREE                                                                | 11 A   | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                    |                           |                    |  |
| CITY-\$T-ZIP                                                      |                                                                                                |                                                                                                             | 2 4 CITY                                                                 | - \$1  | 1-7iP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                    |                           |                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                             |                                                                                                | L] DITE                                                                                                     | TE 31 TITLE 32 NAME 3.3 STREE 3.4. CITY                                  | ELA    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | L_) ci                             | iange                     | Addition           |  |
| TITLE                                                             |                                                                                                | DHC                                                                                                         | TE 4.1 TITLE                                                             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | ☐ CI                               | iange                     | Addition           |  |
| NAME                                                              |                                                                                                |                                                                                                             | 4. 2 NAM                                                                 | F      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |                                    |                           |                    |  |
| STREET ADDRESS                                                    |                                                                                                |                                                                                                             | 4.3 STREE                                                                | ET A   | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                    |                           |                    |  |
| CITY-ST-ZIP                                                       |                                                                                                |                                                                                                             | 4.4 CiTY-                                                                | ST-    | - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                    |                           |                    |  |
| TITLE                                                             |                                                                                                | L DELET                                                                                                     | TE 5.1 1071€                                                             |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | ☐ CI                               | iange                     | Addition           |  |
| NAME                                                              |                                                                                                |                                                                                                             | 5.2 NAME                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |                                    |                           |                    |  |
| STREET ADDRESS                                                    |                                                                                                |                                                                                                             | 5 3 STREE                                                                | T A    | ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       |                                    |                           |                    |  |
| CITY-ST-ZIP                                                       | <del></del>                                                                                    | Dorre                                                                                                       | 5.4 CITY-                                                                |        | - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                    |                           |                    |  |
| TITLE                                                             |                                                                                                | DELET                                                                                                       |                                                                          |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       | L C⊦                               | nange (                   | Addition           |  |
| NAME<br>STREET ADDRESS                                            |                                                                                                |                                                                                                             | 6 2 NAME                                                                 |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |                                    |                           |                    |  |
| - · · · · · · · · · · · · · · · · · · ·                           |                                                                                                |                                                                                                             | 6.3 STREE                                                                |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                       |                                    |                           |                    |  |
| 14. 1 do hereb                                                    | certify that the information                                                                   | supplied with this filma does not                                                                           | 64 City-                                                                 | SI-    | notion sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ited in Section 119 07(3)(i) Florida Statutos                                                                                                         | I further cortif                   | u that the                |                    |  |
| information<br>I am an off<br>appears in                          | indicated on this annual re-<br>cer or director of the corpul<br>Block 12 or Block 13 is align | port or supplemental annual repo<br>ation in the receiver or trustee e<br>bugg, or the arrathlecter on with | ort is true and accompowered to exe<br>in address.                       | cur.   | rate and the step that the ste | ited in Section 119.07(3)(i), Florida Statules,<br>hat my signature shall have the same legal<br>port as required by Shapter 607, Florida Sta<br>HEII | effect as if ma<br>atutes; and tha | de under<br>I my nar      | r oath; that<br>ne |  |