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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000072019**1. Corporation Name

CAPTAIN SALTY'S SEAFOOD EAST, INC.

074 17414				_	
Principal Place	of Business	Mailing Address			(1001100) his ratio strict soul spirit soll soll soll soll soll soll soll sol
2900 N.W. 75TH STREET		2900 N.W. 75TH STREET			
SUITE C-200		SUITE C-200			DO NOT WRITE IN THIS SPACE
MIAMI FL 31147		MIAMI FL 31147			3. Date Incorporated or Qualifed
					08/29/1996
2. Principal Pla	2a. Mailing Address	illing Address		4. FEI Number Applied For	
¬ ′		P.O. Box 3916		,	72-1333791 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28 Houma,	LH.		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun		8. This corporation owes the current year Intangible Personal Property Tay Yes No
24	25	29 70361	30 7	. 3.	Personal Property Tax. Yes INO 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		31 Name	
SUMMIT CORPORATE SERVICES, INC.				_	
701 BRICKELL AVENUE			[32 Stree	et Address (P.O. Box Number is Not Acceptable)
	E 2150			33	
MIAMI FL 33131					
***************************************			[·	34 City	FL 85 Zip Code
44.5	the continue of Sections 507 0503	and 607 1508 Florida Statu	ites the ah	nve-name	ad corporation submits this statement for the purpose of changing its registered
office or re	naistered agent of both in the State O	TEIODO A SILCO COADO E WAS I	aumonzeu	יוט פווו עט	rporation's board of directors. I hereby accept the appointment as registered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Fi	onda Statui	es.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOT	E: Registered A	gent signatur	re required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	E	☐ Change ☐ Addition
NAME	VOISIN, MICHAEL C		1.2 NAM	KE	1100
STREET ADDRESS	701 BRICKELL AVENUE #2150		1.3 STF	EET ADDRES	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CIT	/-ST-ZIP	HOUMA, LA- 70360
TITLE	D	☐ DELETE	2.1 TITI	E	☐ enange ☐ Addition
NAME	VOISIN, STEVEN A		2.2 NA	Æ	
STREET ADDRESS	701 BRICKELL AVENUE #2150		. 2.3 STF	EET ADDRES	ss 5162 Duncannon Ave.
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CiT	Y-ST-ZIP	WEST MINSTER, CA. 92683
TITLE	D	☐ DELETE	3 1 TITI	.E	☐ Change ☐ Addition
NAME	voisin, ernest a		3 2 NA	Æ	0.5500
STREET ADDRESS	701 BRICKELL AVENUE #2150		3.3 STF	EET ADDRES	ss 203 TINA ST.
CITY-ST-ZIP	MIAMI FL 33131			Y-ST-ZIP	Houma, LA. 70363
TITLE		☐ DELETE	4.5 7177		, Change (Addition)
NAME			4. 2 NA		
STREET ADDRESS				REET ADDRES	SS
CITY-ST-ZIP				Y-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TIT 5.2 NA		
NAME				NE REET ADDRES	ss
STREET ADDRESS				Y-ST-ZIP	·
CITY-ST-ZIP		☐ DELETE	6.1 TIT		☐ Change ☐ Addition
TITLE		☐ Nersic	6.2 NA		
NAME				TEET ADDRES	ss
STREET ADDRESS	l		V.0 0 11		·

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: