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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082202

1. Corporation Name

CARNIVAL BRAND SEAFOOD COMPANY

Principal Place of Business

7402 HALSEY STREET
SHAWNEE KS 66216
US

Mailing Address

2407 LAGUNA DRIVE
FORT LAUDERDALE FL 33316
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1996

4. FEI Number

48-1189310

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2000 S. OCEAN DR.

Suite, Apt. #, etc.

22 PH-3

City & State

23 FT. LAUDERDALE FL

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 2000 S. OCEAN DR

Suite, Apt. #, etc.

27 PH-3

City & State

28 FT. LAUDERDALE, FL

Zip

29 33316

Country

30 USA

9. Name and Address of Current Registered Agent

FINK, EDWARD R
2407 LAGUNA DRIVE
FORT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

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

2000 S. OCEAN DRIVE83 **PH-3**84 City **FT. LAUDERDALE****FL**85 Zip Code **33316**

11. Pursuant to the provisions of Sections 807.0502 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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VP**
ABRAHAM, DEREK
STREET ADDRESS **A3 POINSETTIA WEST BAY ROAD**
CITY-ST-ZIP **GEORGETOWN, GRAND CAYMAN BWI**
TITLE ☐ DELETE
NAME **S**
FINK, EDWARD R.
STREET ADDRESS **2407 LAGUNA DRIVE (P.O. BOX 6628)**
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**
TITLE ☒ DELETE
NAME **P**
ASARO, FRANK
STREET ADDRESS **7402 HALSEY STREET**
CITY-ST-ZIP **SHAWNEE KS 66216**
TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward R Fink
Edward R Fink
May 17, 1999

CR2E034 (1/1/98)