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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

22

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600083952 (7)

Country

g. Name and Address of Current Registered Agent

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VOVA, CINDY S 517 SW 1ST AVE

SEVEN SEAS FISH MARKET, INC.

Principal Place of Business	Mailing Address		
73 S.E. 10TH STREET	73 S.E. 10TH STREET		
DEERFIELD BEACH FL 33341	DEERFIELD BEACH FL 33341		

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Mailing Address

Suite, Apt. #, etc.

City & State

Zip

FILED Apr 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Yes Yes

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

10/01/1996 FEI Number

65-0703318

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

517 SW 1ST AVE			82 Street Address (P.O. Box Number is Not Acceptable)			
F!	LAUDERDALE FL 33301	63	 _			
		84	02.	led 70 Octo		
		04	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or profied name of registered agent and title if applicable (NOTE: Register	required when reinstating) DATE				
12.	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER					
TITLE		TITLE		☐ Change ☐ Addition		
NAME		1.2 NAME		1		
STREET ADDRESS		1.3 STREET				
CITY-ST-ZIP	#1144#A # #1 AAAA	1.4 CITY-ST-2				
TITLE		2.1 TITLE		Change Addition		
NAME	22	2 2 NAME				
STREET ADDRESS	2.3	2.3 STREET				
CITY - ST - ZIP	2.4	2. 4 CITY -				
TITLE	DELETE 3.1	TITLE		☐ Change ☐ Addition		
NAME	3.2	3.2 NAME				
STREET ADDRESS	3.3	3.3 STREET				
CITY-ST-ZIP		3.4 CITY-5				
TITLE	☐ DELETE 4.1	4.1 TITLE		☐ Change ☐ Addition		
NAME	4 2	2 NAME				
STREET ADDRESS	4.3	4.3 STREET A				
CITY - ST - ZIP		4.4 CITY-ST-				
TITLE	☐ DÉLETE 5.1	TITLE		☐ Change ☐ Addition		
NAME	5.2	5.2 NAME				
STREET ADDRESS	5.3	5.3 STREET AD				
CITY-ST-ZIP		5.4 CITY - ST - ZIF				
TITLE	DELETE 6.1	6.1 TITLE		☐ Change ☐ Addition		
NAME	6.2	6.2 NAME				
STREET ADDRESS	63	STREET	ADORESS			
CITY - ST - ZIP		CITY-S		die Control 40 07/09/0 Florido Charles I fe all annual for the control of the con		
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 of trustone 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.						

Country

Name

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