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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000022045

1. Corporation Name

THE NATIONAL SEAFOOD ASSOCIATION, INC.

Principal Place of Business

155 OCEAN LANE
STE 1204
KEY BISCAYNE FL 33149

Mailing Address

P.O. BOX 163
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1997

4. FEI Number

65-0742592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 801 BRICKELL BAY DR.

Suite, Apt. #, etc.

22 # 366

City & State

23 MIAMI, FL.

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 310163

Suite, Apt. #, etc.

27 City & State

28 MIAMI, FL.

Zip

29 33231

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

DRUCKMAN, ERIC
155 OCEAN LANE
STE 1204
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

ERIC DRUCKMAN

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

199 OCEAN LANE DR., # 612

83

84 City

KEY BISCAYNE

FL

85 Zip Code

33149

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

ERIC DRUCKMAN/PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME DRUCKMAN, ERIC

STREET ADDRESS 155 OCEAN LANE

CITY-ST-ZIP KEY BISCAYNE FL 33149

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT/SECRETARY

☒ Change ☐ Addition

1.2 NAME

ERIC DRUCKMAN

1.3 STREET ADDRESS

199 OCEAN LANE DR., # 612

1.4 CITY-ST-ZIP

KEY BISCAYNE, FL. 33149

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

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

4/19/99

Date

305-358-3533

Daytime Phone #

CR2E034 (11/98)