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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

ISLAND SEAFOOD & STEAKS, INC.

17052 N. US HIGHWAY 301 **CITRA, FL 32113** (352) 595-8805

May 13, 1999 8:00 am Secretary of State

05-13-1999 90034 041 ***150.00

Principal Place of Business Mailing Address	
	DO NOT WRITE IN THIS SPACE
SAME	3. Date Incorporated or Qualifed
	July 31,97
Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
SAME 26 SAME	593457774 Not Applicable
Suite, Apt. #, etc.	5. Certifcate of Status Desired Fee Required
22 NH 27 NH	
City & State City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip	Country 8. This corporation owes the current year Intangible
70	Personal Property Tax. XYes No
24 25 29 30 30 30 30 30 30 30 3	10. Name and Address of New Registered Agent
	81 Namé
Sandra Whitaker	82 Street Address (P.O. Box Number is Not Acceptable)
17052 NUS HOY 301	C NACE
	83 SHITE
CITRA, FL 32113	84 City FL 85 Zip Code
to present on cultimite this statement for the purpose of changing its registered	
agent. I am familiar with, and accept the obligations or, Section 607.0005, Promote	DES Sharel As lathitaker 5/10/99
SIGNATURE SANDRA WDITAKER - UISE + Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature required when reinstatling) DATE DATE
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESIDENT	THINKE PRESIDENT
NAME CHIEFT DIVAIL	
STREET ADDRESS DOUT NE 43 PD ST.	13 STREET ADDRESS P. O. BOX 1168 14 CITY-ST-ZIP CALTER FL 32113
CITY-ST-ZIP COCOLA, 7L 547/3	Change Addition
TITLE VICE PRESIDENT	2.1 TITLE
NAME CANDED INHITAKER	2.2 NAME
STREET ADDRESS 17052 NUS HWY 301	2.3 STREET ADDRESS
CITY-ST-ZIP CITRA FL. 33113	2.4 CITY-ST-ZIP Change Addition
TITLE DELETE	3.1 TITLE
NAME	32 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP /	34.CITY-ST-ZIP Change Addition
TITLE / DELETE	4,1 IIILE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP Change Addition
TITLE DELETE	5.1 TITLE 5.2 NAME
NAME	5.3 STREET ADDRESS
STREET ADORESS	\$4 CITY-ST-ZIP
CITY-ST-ZIP DELETE	6.1 TILE Change Addition
	6.2 NAME
NAME	6.3 STREET ADDRESS
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.