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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085468 (1)

SHRIMP LOUIE'S, INC.

Principal Place of Business 402 CHURCH AVENUE BRADENTON BEACH FL 34217

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

402 CHURCH AVENUE BRADENTON BEACH FL 34217

FILED Mar 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

(941) 778-2288

Not Applicable

3. Date Incorporated or Qualified

10/02/1997 4. FEI Number

22			27					Fee Required	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution	
Zip	<u> </u>	Country	Zip		Cou	intry		8. This corporation owes or has paid the current year Intangible	
24	25		29		30			Personal Property Tax due June 30. Yes No	
g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
HAMUN, CURTIS D						81	Name		
1205 MANATEE AVENUE WEST						82 Street Ad		ress (P.O. Box Number is Not Acceptable)	
BRADENTON FL 34205									
						83			
							City	85 Zip Code	
						64		FL FL	
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 register 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 register.									
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature: typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or pr	of FICERS AND I				d Ager	ni signature requir		
12.	Broci			DELETE	13. 1.1 Ti	Ti E		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	T 21	dent/Treas	urer	Courte			}	C Orango C Acceptor	
NAME OTTOET ADDRESS	7: 33-23-4			1.2 N			4.D.D.C.C.C.		
STREET ADDRESS							ADDRESS		
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CITY-ST-ZIP	<del> </del>			DELETE	5.4 C	ITY-SI	1-411	☐ Change ☐ Addition	
NAME				L. Decere	6.2 N	_		டு வளிச் டு அவர்க	
** *	i						ADDRECC		
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP	certify that the in	formation supplied with	this films of	loge not qualify fo		TY-SI		Section 119 07/3Vi) Florida Statutes I further certify that the information	
14. I hereby certify that the information supplied with this fling 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 suppliemental 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 trusted 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.									