## 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 #

1. Corporation Name P97000092851 (9)

**FILED** May 19 1998 8:00am Secretary of State

LOUIE'S SEAFOOD MARKET, INC	<u>بر</u>			
10.		<del>,</del>	-{	10110 11911 (0131 3110 11191 103)
Principal Place of Business	Mailing Address			
599 BOUTH YOUNGE STREET ORMOND BEACH FL 32174	599 SOUTH YOUNGE STR ORMOND BEACH FL 3217			
CHMONO BEROTI I'E 32114	OUMOND DENON LE 2511	7	DO NOT WRITE IN TH	IS SPACE
			3. Date Incorporated or Qualified	
			10/27/1997	
2. Principal Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21 399 J. YONGE U	, 26 SAME			Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
21 599 5. YONGE Solite, April #, etc. 22 City & State	City & State	<del></del>	- Election Comparing Financing	<del></del>
23 OCMOND BEACH FL	• 28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country/	Zip	Country	8. This corporation owes or has paid the	
24 30/74 25 VOLUSI,	A. [29]	30	Personal Property Tax due June 30.	Yes No
g, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Register	ed Agent
CLAUDE, LOUIS O		81 Name		
324 ENDORA STREET		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ORMOND BEACH FL 32174				
		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 05	00 and CO7 1500 Florida Ctabile	the characteristics	Faction submits this statement for the purpose	
<ul> <li>office or registered agent, or both, in the State</li> </ul>	e of Florida. Such ch <b>ange w</b> as a	uthorized by the corporati	on's poard of directors. I hereby accept the a	appointment as registered
agent, I am familiar with, and accept the oblic	galions of, Section 607,0505, Flo	rida Statutes.	50	11/2 2U-GX
SIGNATURE LOW/S O. CLA	U <i>de</i>	Registered Agent signature require	of when re-instating) DATI	\$ 004 10
	NO DIRECTORS	T 13.	ADDITIONS/CHANGES TO OFFICERS A	•
TITLE MILES - PROCEDO	DELETE	1.3 TILLE		Change Addition
NAME /OLLS C) CLASS	12	1.2 NAME		1
STREET ADDRESS 304 FND RA	ČΫ́:	1.3 STREET ADDRESS		į (
CITY-ST-ZIP 0.13 +C. 301	74	1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	21 TITLE		Change
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-SI-ZIP	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE	Dereie	3.1 TITLE		L. Change L. Addition
NAME NOTICE ADDRESS		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	oc	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-SI-ZIP		4.4 CITY-ST-ZIP		1
TITLE	DELETE	5.1 TITLE		Change Addition
MAME		5.2 NAME		-
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	DELETE.	61 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
	21 1 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		140.67(6)(1) El 11.6(1)	and the state of t

Thereby certify that the information supplied with this filling 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 is supplemental annual report is frue 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 sustee 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 oddress.

SIGNATURE:

4-24.98

904-676-1104