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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101697

SOUTHERN ROYAL SEAFOOD, INC.

Principal Place of Business Mailing Address								•
12481 66TH STREET NORTH 12481 66TH STREET NORTH WEST PALM BEACH FL 33412 WEST PALM BEACH FL 334								
			3412			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	O ST AGE	
						12/01/1997		
- Division (D)		2a. Mailing Address				4. FEI Number	Apr	olied For
2. Principal Pi	ace of Business	├ ─ ¬ ¯				65-0799028		Applicable
21	# -1-	Suite, Apt. #, etc.				00 0193020	\$8.75 A	
Suite, Apt. #, etc.						5. Certifcate of Status Desired	Fee Red	
(2)		City & State				e Flection Compaign Financing	\$5.00	May Po
City & State	•	⊢ ′				6. Election Campaign Financing Trust Fund Contribution	Added to	
23	Country	28 Zip	Co	ountry		This corporation owes the current year limited.		
Zip —ı	·		30			Personal Property Tax.	Yes	□No
24	9. Name and Address of Curre	29 Agent	30]	$\overline{}$		10. Name and Address of New Registere		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Harro and Madreso at Marine		
WER	B, Debbie							
12481 66TH STREET NORTH				82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33412				83			-	
****	T TACK BEACHTE GOTTE			83	l	·		
				84	City	-	85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,						<u> </u>		
SIGNATURE	Signature, typed or printed name of registered ag	<u> </u>			t signature require	ad when reinstating) DATE	NE DIECTO	DC IN 12
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD	☐ DELETE		TITLE		•	Change	[
NAME	WEBB, DEBBIE			NAME				
STREET ADDRESS	12481 66TH STREET NORTH		1.3	STREET	FADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 3341			CITY-ST	Γ- ZIP	<u>-</u>	Change	Addition
TITLE		☐ DELETE	2.1	TITLE		•	Citalige	
NAME			2.2	NAME		•		
STREET ADDRESS			2.3	STREET	ADDRESS			
CITY-ST-ZIP			2 4	CITY-S	IT-ZIP			
TITLE		☐ DELETE	3.1	TITLE	Ì		☐ Change	☐ Addition
NAME			3.2	NAME				Į
STREET ADDRESS			3.3	STREET	T ADDRESS			1
CITY-ST-ZIP			34	. CITY-S	IT-ZIP			
TITLE		☐ DELETE	4.1	TITLE	ĺ		☐ Change	☐ Addition
NAME			4. 2	NAME		•		
STREET ADDRESS			4.3	STREET	TADDRESS			
CITY-ST-ZIP			4.4	CITY-S1	T-ZIP			
TITLE		☐ DELETE	5.1	TITLE			☐ Change	☐ Addition
NAME			5.2	NAME				
STREET ADDRESS			5.3	STREET	T ADDRESS	÷		
CITY-ST-ZIP			5.4	CITY-ST	T-ZIP			
TITLE		DELETE	6.1	TITLE			☐ Change	Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90125 011 ***150.00

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