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Secretary of State

03-01-1999 90080 029 ***150.00

U110294

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000030749

1. Corporation Name
SEAFOOD PARTNERS OF MICCO, INC.

Principal Place of Business
11628 HIGH STREET
SEBASTIAN FL 32958

Mailing Address
11628 HIGH STREET
SEBASTIAN FL 32958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1998

4. FEI Number
65-0828773

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
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

LEHMAN, BURTON H
11628 HIGH STREET
SEBASTIAN FL 32958

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was made by me, the agent. I am familiar with, and accept the obligations of, Section 607.05

I accept this statement for the purpose of changing its registered directors. I hereby accept the appointment as registered

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable

Sign & mail check for \$150.00

DATE
VS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 Change Addition

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	LEHMAN, BURTON H	
STREET ADDRESS	11628 HIGH STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	MACNAB, DAN R	
STREET ADDRESS	11628 HIGH STREET	
CITY-ST-ZIP	SEBASTIAN FL 32958	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2.3 STREET ADDRESS	1950 N. Central Avenue
2.4 CITY-ST-ZIP	Sebastian, FL 32958
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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: X *Burton H Lehman* 1/29/99 561 589 6566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)