


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90090 013 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000081202**

1. Corporation Name

**BOUNTY BAY SEAFOOD CORPORATION**

Principal Place of Business

95 MERRICK WAY #518  
CORAL GABLES FL 33134

Mailing Address

95 MERRICK WAY #518  
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1998

4. FEI Number

65-0867517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENSEN, TROND S  
95 MERRICK WAY #518  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME JENSEN, TROND S  
STREET ADDRESS 95 MERRICK WAY #518  
CITY-ST-ZIP CORAL GABLES FL 33134

1.1 TITLE DC ☒ Change ☐ Addition  
1.2 NAME JENSEN, TROND S  
1.3 STREET ADDRESS 95 MERRICK WAY #518  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D ☐ DELETE  
NAME RENUART, DENIS  
STREET ADDRESS 95 MERRICK WAY #518  
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME STOREY, MICHAEL  
STREET ADDRESS 95 MERRICK WAY #518  
CITY-ST-ZIP CORAL GABLES FL 33134

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ARGUEDAS, FRANCISCO  
STREET ADDRESS 95 MERRICK WAY #518  
CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CHESTER, ROBERT  
STREET ADDRESS 95 MERRICK WAY #518  
CITY-ST-ZIP CORAL GABLES FL 33134

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JENSEN, JOAN B  
STREET ADDRESS 95 MERRICK WAY #518  
CITY-ST-ZIP CORAL GABLES FL 33134

6.1 TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1999

Date

Daytime Phone #

(305) 444-2700

CR2E034 (11/98)

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