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 # P98000086227

1. Corporation Name

FLORIDA'S FINEST SEAFOOD COMPANY

Principal Place of Business

1900 NW CORPORATE BLVD

Mailing Address

1900 NW CORPORATE BLVD

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90081 029 ***150.00



SUITE 100. WEST BUILDING SUITE 100. WEST BUILDING BOCA RATON FL 33431 BOCA RATON FL 33431	WG	DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualifed 10/08/1998	,
2. Principal Place of Business 12a. Mailing Address 2a. Mailing Address 2b. 43 Address 2b. 44 Address 2b. 45 Ad	=14thAve=	4. FEI Number Applied For Not Applicable	ينت
Suite, Apt. #, etc. Suite, Apt. #, etc. 22		5. Certificate of Status Desired	
City & State City & State City & State	ale FL	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
33305 25 USA 29 33305	Country SA	8. This corporation owes the current year intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent	30 0()/	10. Name and Address of New Registered Agent	1
	81 Name		į
GRANET, LLOYD ESQ.			
1900 NW CORPORATE BLVD.	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE 100, WEST BUILDING	83		
BOCA RATON FL 33431			
	84 City	FI 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statu office or registered agent, or both, in the State of Florida. Such change was agent, I am familiar with, and accept the obligations of, Section 607.0505, Fl	authorized by the corporation	poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
	yios canatos.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE	ά
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Ø0/
TITLE President DELETE	1.1 TITLE	☐ Change ☐ Addition	È
NAME Todd Jaffy	1.2 NAME	1	5
STREET ADDRESS 1643 NE 14Th AVE.	1.3 STREET ADDRESS		ū
CITY-ST-ZIP FOFT Luaderdale, FL 33305	1.4 CITY-ST-ZIP		ò
TITLE Vice President DELETE	2.1 TITLE	☐ Change ☐ Addition	(
NAME Grega Taffy.	2.2 NAME	,	
STREET ADDRESS 1643 NE 1417	Z.3 STREET ADDRESS		7
CITY-ST-ZIP FT-Luaderdate, FL 33305	2.4 CITY-ST-ZIP		
TITLE DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS	}	
CITY-ST-ZIP	3.4. CITY-ST-ZIP		
TITLE , DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	4. 2 NAME	j.	
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	5.2 NAME	1	
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME	6.2 NAME	{	
STREET ADDRESS	6.3 STREET ADDRESS	}	

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 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 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:

NG OFFICER OR DIRECTOR