DOCUMENT # P99000017385

1. Entity Name

City & State

SIGNATURE: X

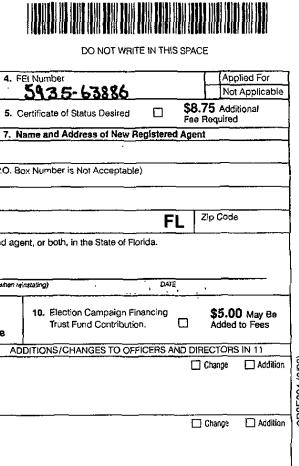
DIRECT SEAFOOD OUTLET, INC.					
Principal Place of Business	Mailing Address				
CYPRESS AVE. FL 32935	1643 CYPRESS AVE. MELBOURNE FL 32935-5930				
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

City & State

SIGNATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

Apr 18, 2000 8:00 am Secretary of State

01-12-2000 90056 035 ***150.00



1-4-2000

407-242-2243

					<u> </u>		INOT	Applicable	
Zip	Country	Zip .	Country	5. (Certificate of Status Desired	□ \$	8.75 Addi se Required	itional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	· ·		Name						
MANN, PETER 1643 CYPRESS AVE.			Street A	Street Address (P.O. Box Number is Not Acceptable)					
MELBO	OURNE FL 32935								
			City			FL	Zip Code		
3. The above r	named entity submits this statement for	the purpose of changing its	registered office of	r registered ag	ent, or both, in the State of Flor	ida.			
SIGNATURE 🚣	Signature, typed or printed name of registered agent ar	nd title if applicable. (NQ1	E. Registered Agent signal	ture required when to	einstating)	DATE			
	ration is eligible to satisfy its Intangible equirement and elects to do so. a on back)		III FEE IS \$150. 000 Fee will be \$9 ble to Departmen	55 0 .00	10. Election Campaign Fina Trust Fund Contribution			May Be to Fees	
11.	OFFICERS AND [DIRECTORS	12.	ΑI	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11	_
TITLE NAME STREET ADDRESS.	PRESIDENT PETER MANN 1643 CYPRESS AVE	☐ Delete	TITLE Name Street address				☐ Change	☐ Addition	34 (9/99)
CITY-ST-ZIP	Melbourne PL 3	2935	CITY-ST-ZIP						CR2E034
TITLE		☐ Delete	TITLE				☐ Change	Addition Addition	Ö
NAME STREET ADDRESS			NAME STREET ADDRESS	Ì					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE	Ī			Change	Addition	
NAME STREET ADDRESS		•	NAME STREET ADDRESS		,,	-	***	[]	_
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	☐ Addition	l
NAME [NAME						i
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE	 			☐ Change	☐ Addition	l
NAME		C Onele	NAME						İ
STREET ADDRESS	•		STREET ADDRESS						i
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		, , , , , , , , , , , , , , , , , , , ,		☐ Change	Addition	
NAME			NAME	1					
STREET ADDRESS			STREET ADDRESS CITY-SI-ZIP						
CITY-ST-ZIP					AND ANTONIO ET ANTONIO		** **	- for any and any	l
 13. I hereby of indicated of the cor changed, 	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, v	this filing does not qualify for true and accurate and that swered to execute this report with all other like empowere.	or the exemption st my signature shall rt as required by Ch d.	ated in Section have the same napter 607, Flo	n 119.07(3)(I), Florida Statutes. e legal effect as if made under orida Statutes; and that my name	i suriner cert path; that I a e appears in	ily that the i m an officer Block 11 of	niormation or director r Block 12 if	