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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| | MENT # S89954 S SEAFOOD, INC. | (9) | | | |
|--|--|---|---|---|--|
| Principal Place 6340 118TH AVI LARGO FL 3464 US | E. N. | Mailing Address 786 ELDORADO AVENUE CLEARWAYER FL 34630-14 | 22 | 1 IOBLIDIO IBI IOTIO HOHIS WHICH OLITICONELI | DIDIY DIBA BADII DIDA BIQIY BIYAL INDI |
| | | | | 3. Date incorporated or Qualified 10/25/1991 | 3a. Date of Last Report 05/01/1996 |
| | ace of Business | 2a. Mailing Address | | 4, FEI Number | Applied For |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | 59-3089397 6. Certificate of Status Desired | Not Applicable \$8.75 Additional |
| City & State | | City & State | | | Fee Required |
| 23 | | 28 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζφ 24 | Country 25 | Z ₁ p | Country 30 | | Yes No |
| - 10 | 9. Name and Address of Current | Registered Agent | 81 Name | 10. Name and Address of New Re | glatered Agent |
| | as, steve j. Eldorado avenue | | | ess (P.O. Box Number is Not Acceptat | stat |
| CLEARWATER FL 34630 | | | | ess (F.O. Box Number is Not Acceptat | ле) |
| | | | 83 | | |
| | | | 84 City | | FL 85 Zip Code |
| | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | and 607.1508, Florida Statut of Florida. Such change was a ions of, Section 607.0505, Flo | es, the above-named corp authorized by the corporal orida Statutes. | oration submits this statement for the pion's board of directors. I hereby acception's | ourpose of changing its registered pt the appointment as registered |
| SIGNATURE | Signature, typed or junited name of registered agent | | E: Registered Agent signature requi | | DATE |
| 12. | OFFICERS AND | DELETE | 13. | ADDITIONS/CHANGES TO OFFICE | CERS AND DIRECTORS IN 12 Change Addition |
| NAME | ANNAS, STEVE J. | | 1.2 NAME | | |
| STREET ADORESS | 766 ELDORADO AVENUE | | 1.3 STREET ADDRESS | | |
| CITY-ST ZIP TITLE | CLEARWATER FL. | DELETE | 1.4 CITY-ST-ZIP 2.1 TITLE | | ☐ Change ☐ Addition |
| NAMÉ | | | 2.2 NAME | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| C-TY+ST-ZIP TITLE | | DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | ···· |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | 144 At 18 184 At 18 184 At 18 184 At 18 18 18 18 18 18 18 18 18 18 18 18 18 | DELETE | 3.4. CITY - ST - ZIP 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | • = = |
| STREET ADDRESS | | | 4.3 STREET ADORESS | | |
| CHTY - ST - ZIP TITLE | The second secon | DELETE | 51 TITLE | | Change Addition |
| NAME | | board - W | 52 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CiTY-SI-7≥ | | DELETE | 54 CITY-SY-ZIP 61 TITLE | | Change Addition |
| TITLE NAME | | C perie | 6.2 NAME | | Ci Auturgo Ci recollett |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | 10 40 1 60 | 6.4 CITY - ST - ZIP | 11. 0 - V - 440 07/07/0 - 11. 07 : - | |
| informatio I am an ol | n indicated on this annual report or su | ipplemental annual report is t he receiver or trustee empow | rue and accurate and that rered to execute this repo | d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega rt as required by Chapter 607, Florida S | al effect as if made under oath; that |

SIGNATURE:

UNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Annes 4-17

813 541-6890 Dayling Phone #

FILED

Apr 23 1997 8:00am

Secretary of State