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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S89954 1. Corporation Name

ARTEMIS SEAFOOD, INC.

Principal Place	e of Business	Mailing Address							
6340 118TH AVE	E. N. 1	766 ELDORADO AVENUE							
LARGO FL 3377	3	CLEARWATER FL 33767			DO NOT WRITE IN THIS SPACE				
us		US			3. Date Incorporated or Qualifed				
						10/25/1991	•		
5 District D	In a f Division	2a. Mailing Address		_		4. FEI Number		I An	plied For
	lace of Business		•			59-3089397		<u> </u>	t Applicable
21		26 Suite Ant # sta				39 3009391	2	\$8.75 A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			•	5. Certifcate of Status Desired		Fee Re	
22		City & State				A El Kan Canada Sinonaia		\$5.00	<u>` </u>
City & State		├ - ¬ '				Election Campaign Financing Trust Fund Contribution	' 🗆	Added t	•
Zip Country		Zip Country				8. This corporation owes the cu	eront woor Int	·	<u> </u>
Zip			10	,		Personal Property Tax.	ment year un		∐No
24	25 9. Name and Address of Curren		, io		•	10. Name and Address of New	Registered		
	9. Name and Address of Curren	t Registered Agent	81	П	Name	IV. Hame and Hadross of the			
ANN	AS, STEVE J.								
	ELDORADO AVENUE	82 Street			Street Add	ress (P.O. Box Number is Not Accep	otable)		
	ARWATER FL 33767		83	+				•	
· ·	WINAILITTE GOTOT		6	'					
			84	•	City		FL	85 Zip (Code
44 Dureuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statutes	the above	Д. /e-	named corp	poration submits this statement for the	e purpose of	changing its	registered
office or r	enistered agent or both in the State.	of Florida. Such change was aut	horized by	v tr	he corporati	on's board of directors. I hereby acc	ept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statute	S.					
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE: E	Penistered Are	ant s	signature require	ed when reinstating)	DATE		
12.		D DIRECTORS	13.	-	*· 3 · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO C	FFICERS AN	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	_				Change	Addition
NAME	ANNAS, STEVE J.	_ ,	1.2 NAME						
	766 ELDORADO AVENUE		1.3 STREE		ADDESS				
STREET ADDRESS	CLEARWATER FL								
CITY-ST-ZIP	CLEANWAIEN FL	☐ DELETE	1.4 CITY-1		ZIP			☐ Change	☐ Addition
TITLE	_			2.1 TILE 2.2 NAME				<u></u>	
NAME									
STREET ADDRESS			2.3 STREE		l l	- •			
CITY-ST-ZIP	-	- Delete	2.4 CITY-		- ZIP	·		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE					⊢ Alminge	L-1 / 10010011
NAME			3.2 NAME						
STREET ADDRESS			3.3 STRE	ET#	ADDRESS				
CITY-ST-ZIP		——————————————————————————————————————	3.4. CITY-		-ZIP				□ Addit
TITLE	,	☐ DELETE	4,1 TITLE					Change	Addition
NAME			4. 2 NAME	Ξ					
STREET ADDRESS			4.3 STREI	ET A	ADDRESS				
CITY+ST-ZIP			4.4 CITY-	\$T-	ZIP				
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREI	ET A	ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-	ZIP				
TITLE		☐ DELETE	6.1 TITLE					☐ Change	☐ Addition
NAME			6.2 NAME						
			6.3 STRE	ET A	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 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:

CITY-ST-ZIP-

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90038 023 ***150.00