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

PROFIT

Jan 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (8) NORTH STAR SEAFOOD, INC. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/21/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2213 NW 65-0341430 Not Applicable Suite, \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Sta \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 25 29 Personal Property Tax due June 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BURMAN, ERIC** Street Address (P.O. Box Number is Not Acceptable) 82 83 85 Zip Code 33 Y&B 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutor, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or bolh, 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 objugations of Section 607.0565, Florida Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 THILE BURMAN, ERIC NAME 1.2 NAME SOFT THE WAY 10597 MENDOCINO LANE STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CHTY-ST-ZIP DELETE Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change 3 1 TITLE Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-S1-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or off an attachment with an address. rousion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 14. I hereby certify that the information supplied with this filing does not qualify for the except

FILED