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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 29 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V13806 TREASURE CHEST SEAFOOD, INC. Principal Place of Business Mailing Address 1177 N.W. 81st. St 1177 N.W. 81st. St. Miami, F1. 33150. Miami, F1. 33150. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 2-12-92 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-0314712 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ **Trust Fund Contribution** Added to Fees Country Country ZID 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Ronald E. Williams Street Address (P.O. Box Number is Not Acceptable) 900 Bay Drive Unit L-8 Miami Beach, Fl. 33141. City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if epplicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PD. DELETE Change 1.1 TITLE TITLE Ronald E. Williams NAME 1.2 NAME 900 Bay Drive Unit L-8 STREET ADDRESS 1.3 STREET ADDRESS Miami, Beach, Fl. 33141. 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE David H. Williams NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 1941 N.E. 197th, Terr. CITY-81-2IP 2.4 CITY-ST-ZIP N. Mi ami Beach, Pl. 33179. DELLIE Change Addition TITLE 3.2 HAME HALLE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP " CITY-\$1-21P DELETE Addition 4.1 TIME TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TIFLE NAME **6.2 NAME 5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 600002541716 -06/01/38--01018--014 DELETE 6.1 TOLE TITLE NAME 6.2 NAME

6.4 CITY - ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, I further certify that the information indicated on this annual report of 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.

**6.3 STREET ADDRESS** 

\*\*\*150.00