

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murtham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000065151 (0)**

1. Corporation Name

**OCEAN FRESH SEAFOOD, INC.**



Principal Place of Business

**105 GALLEON ROAD  
ISLAMORADA FL 33036**

Mailing Address

**105 GALLEON ROAD  
ISLAMORADA FL 33036**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/31/1994**

3a. Date of Last Report

**01/18/1995**

21

State, Apt. #, etc.

26

State, Apt. #, etc.

4. FET Number

**65-0550408**

Applied For

Not Applicable

**APPLIED FOR**

22

City & State

27

City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23

Zip

Country

28

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**GREGG, MARK H  
100360 OVERSEAS HIGHWAY  
KEY LARGO FL 33037**

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85

Zip Code

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 of Registered Agent (Signature required when registered agent is not the corporation)

Signature of Registered Agent (Signature required when registered agent is not the corporation)

DATE

12

OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

**D**  
**ALBERTS, GARRETT G**  
**105 GALLEON ROAD**  
**ISLAMORADA FL 33036**

DELETE

1. TITLE

Change  Addition

2. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

**D**  
**ALBERTS, KAREN J**  
**105 GALLEON ROAD**  
**ISLAMORADA FL 33036**

DELETE

2. TITLE

Change  Addition

5. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

DELETE

3. TITLE

Change  Addition

8. STREET ADDRESS

9. CITY, ST, ZIP

10. NAME

DELETE

4. TITLE

Change  Addition

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

DELETE

5. TITLE

Change  Addition

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

DELETE

6. TITLE

Change  Addition

17. STREET ADDRESS

18. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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.

SIGNATURE: *Karen Alberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KAREN ALBERTS**

2-23-96

Date

852-6182

Extension #

CR2E034 (12/95)