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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000065151**

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~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1994

4. FEI Number
65-0550408

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **19669 Indian Mounds Dr**

2a. Mailing Address
 26 **19669 Indian Mounds Dr**

22. Suite, Apt. #, etc.

23. City & State
SUGARLOAF Key, FL

24. Zip **33042** 25. Country **USA**

27. Suite, Apt. #, etc.

28. City & State
SUGARLOAF Key, FL

29. Zip **33042** 30. Country **USA**

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 607.0605, Florida Statutes.

SIGNATURE *Mark H Gregg* DATE **1-27-99**

Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D ALBERTS, GARRETT G**
 STREET ADDRESS ~~105 GALLEON ROAD~~ **19669 Indian Mounds**
 CITY-ST-ZIP ~~ISLAMORADA FL 33036~~ **SUGARLOAF Key, FL 33042**

TITLE DELETE
 NAME **D ALBERTS, KAREN J**
 STREET ADDRESS ~~105 GALLEON ROAD~~ **19669 Indian Mounds Dr**
 CITY-ST-ZIP ~~ISLAMORADA FL 33036~~ **SUGARLOAF Key, FL 33042**

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

TITLE DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: *Karen J Alberts* DATE **1-27-99** 305-745-2621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)