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95 MAY 11 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000015994 (5)

1. Corporation Name

PACIFIC PEARL SEAFOOD, INC.

Principal Place of Business

**314 SOUTH MISSOURI AVENUE
SUITE 200
CLEARWATER FL 34616
US**

Mailing Address

**POST OFFICE BOX 2190
TARPON SPRINGS FL 34688
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/02/1993

3a. Date of Last Report
07/25/1994

2. Principal Place of Business

21. Suite Apt # etc.

2a. Mailing Address

26. Suite Apt # etc.

4. FEI Number

65-0389652

Applied For

Not Applicable

22. City & State

23. City & State

27. City & State

28. City & State

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 has liability for intangible tax under S. 199(4)(2) Florida Statutes Yes No

24. State

25. Country

29. State

30. Country

9. Name and Address of Current Registered Agent

**NICHOLAS, JAMES
1320 ROLLING WOOD CT
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81. Name

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

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE: **P**
NAME: **NICHOLAS, JAMES A.**
STREET ADDRESS: **1320 ROLLING WOOD COURT**
CITY, ST, ZIP: **TARPON SPRINGS FL 34689**

TITLE: **VP**
NAME: **MANAIS, F. ERNEST**
STREET ADDRESS: **1320 ROLLING WOOD COURT**
CITY, ST, ZIP: **TARPON SPRINGS FL**

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
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CITY, ST, ZIP:

TITLE:
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STREET ADDRESS:
CITY, ST, ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

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: **34689**

2.1 TITLE: **VP** Change Addition
2.2 NAME: **MANAIS, F. ERNEST**
2.3 STREET ADDRESS: **999 INDIAN RHYTHM TRAIL**
2.4 CITY, ST, ZIP: **SEMINOLE, FL 34646**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and deemed reliable for the purposes stated in Sections 119(07.006), 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. I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

JAMES A. NICHOLAS

05/04/95

813 446-1588

OFFICIAL TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR