

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

CORPORATION:  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000080352 (6)**  
1. Corporation Name:  
**ANDORA FISH MARKET, INC.**

Principal Place of Business: **1942 SOUTH FEDERAL HWY STUART FL 34994**  
Mailing Address: **1942 SOUTH FEDERAL HWY STUART FL 34994**

2. Previous Fiscal Year: **21**  
2a. Mailing Address: **26**  
3. Date of Last Report: **07/01/1994**  
4. FEI Number: **65-0454817**  
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 § 199(2)(c), Florida Statutes:  Yes  No

APPROVED AND FILED  
MAY -1 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9. Name and Address of Current Registered Agent:  
**GREEN, CHERYL D  
401 E OSCEOLA ST  
SUITE 201  
STUART FL 34994**

3a. Date of Last Report: **07/01/1994**  
3b. Date of Qualification: **11/15/1993**  
Applied For:  Not Applicable  
7. This corporation has liability for intangible tax under § 199(2)(c), Florida Statutes:  Yes  No

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Applicable):  
83. City:  
84. State: **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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	<b>PTD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HRUBY, VAN</b>	1. NAME	
STREET ADDRESS	<b>2400 S OCEAN DR UNIT CV-717</b>	1. STREET ADDRESS	
CITY, ST, ZIP	<b>FT PIERCE FL 34949</b>	1. CITY, ST, ZIP	
TITLE	<b>VSD</b>	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, ANN</b>	2. NAME	
STREET ADDRESS	<b>2400 S OCEAN DR UNIT CV-717</b>	2. STREET ADDRESS	
CITY, ST, ZIP	<b>FT PIERCE FL 34949</b>	2. CITY, ST, ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199(2)(c)(3)(B), 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 requested to describe the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Van Hruby* **VAN HRUBY** **4/27/95 (407)287-8676**  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR