


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90048 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 171768					
1. Corporation Name MIRABELLA FISH CO., INC.					
Principal Place of Business 311 S. MCDILL AVE. TAMPA FL 33609-3141			Mailing Address 311 S. MCDILL AVE. TAMPA FL 33609-3141		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1953	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0698281	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SAMUELS, JOSEPHINE M 311 S. MCDILL AVE. TAMPA FL 33609-3141				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
FL					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	MIRABELLA, SEBASTIAN J				
STREET ADDRESS	4141 BAYSHORE BLVD. #701				
CITY-ST-ZIP	TAMPA FL 33611				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	MIRABELLA, FRANK				
STREET ADDRESS	2615 HAWTHORNE CIRCLE				
CITY-ST-ZIP	TAMPA FL 33629				
TITLE	ST	<input type="checkbox"/> DELETE			
NAME	MIRABELLA, SAM				
STREET ADDRESS	4410 CLEVELAND				
CITY-ST-ZIP	TAMPA FL 33609				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SAMUELS, JOSEPHINE M.				
STREET ADDRESS	311 S. MACDILL AVENUE				
CITY-ST-ZIP	TAMPA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

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 employees.

SIGNATURE: *Sebastian J. Mirabella* **1-20-99 (813) 876-5452**

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