

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **211863** (6)

1. Corporation Name

FISHERMAN'S PARADISE, INC.

Principal Place of Business

**3800 NW 27TH AVE
MIAMI FL 33142**

Mailing Address

**3800 NW 27TH AVE
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1958

3a. Date of Last Report

04/07/1994

4. FEI Number

59-0836061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangibles under § 199.032

Florida Statutes

☐ Yes

☒ No

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9. Name and Address of Current Registered Agent

**SCHAFER, WARREN J JR
2727 N.W. 38TH STREET
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.09(4) 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

(Print or type name of individual filing agent in this space.)

(Print or type name of corporation filing agent in this space.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PDS
SCHAFER, WARREN JR
2727 N.W. 38TH STREET
MIAMI FL**

14 TITLE
15 NAME
16 STREET ADDRESS
17 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
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CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
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CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/128/95