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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 305642 (1)

1. Corporation Name
S. AGLIANO & SONS FISH COMPANY

Principal Place of Business

1821 E. 7TH AVE.
TAMPA FL 33605
US

Mailing Address

P.O. BOX 5595
TAMPA FL 33675-5595
US

3. Date Incorporated or Qualified 05/31/1966	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1172583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

AGLIANO, SEBASTIAN
589 LUZON
TAMPA, FLORIDA
33606

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 607.0505, Florida Statutes.

SIGNATURE *Aline A Perrone* *Aline A Perrone* *sept 1997* 4-21-97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AGLIANO, SEBASTIAN	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	AGLIANO, MIRTHA	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	PERRONE, ALINE	
STREET ADDRESS	412 DANUBE AVE	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	PERRONE, ALINE	
STREET ADDRESS	412 DANUBE AVE	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	AGLIANO, SEBASTIAN	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	AGLIANO, MIRTHA	
STREET ADDRESS	589 LUZON	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Aline A Perrone* *Aline A Perrone* *sept 1997* 4-21-97
(813)

CR2E034 (9/96)