

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/31/1966	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1172583	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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
AGLIANO, SEBASTIAN 589 LUZON TAMPA, FLORIDA 33606		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	AGLIANO, SEBASTIAN	1.2 NAME	
STREET ADDRESS	589 LUZON	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	AGLIANO, MIRTHA	2.2 NAME	
STREET ADDRESS	589 LUZON	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	PERRONE, ALINE	3.2 NAME	
STREET ADDRESS	412 DANUBE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	PERRONE, ALINE	4.2 NAME	
STREET ADDRESS	412 DANUBE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	AGLIANO, SEBASTIAN	5.2 NAME	
STREET ADDRESS	589 LUZON	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	AGLIANO, MIRTHA	6.2 NAME	
STREET ADDRESS	589 LUZON	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FLORIDA 00000	6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____
4-29-98 (813) 248-2187

CR2E034 (10/97)