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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # 40924 S FISH MARKET INC.	11 (7)		<u> </u>		OL 1781 BIRKI BIRKI DIBILI B	18# \$18# 8 8## HAN
Principal Place of Business 560 N WASHINGTON BLVD. SARASOTA FL 34236-4240		Maiing Address 560 N WASHINGTON BLVD. SARASOTA FL 34236-4240					
					3. Date incorporated or Qualified 09/21/1972	3a. Date of Last 04/21/1	
2. Principal Pía 21	ace of Business	2a. Mailing Address 26			4. Fei Number 59-1417191		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. # 22 27		Suite, Apt. #, etc.			5. Certificate of Status Desired		75 Additional e Required
City & State	& State City & State 28				Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip 24	Country 25	Z _I p 29	Country 30			intangible tax under	
	9. Name and Address of Curre	ent Registered Agent	8	1 Name	10. Name and Address of New F	Registered Agent	
GRIFFIS, JOHN 1444 FIRST STREET SARASOTA FL 34230				Street Add	iress (P.O. Box Number is Not Acceptat		Zip Code
SIGNATURE	in, and accept the obligations of, sec Signature, typed or printed name of registered age.	nt and the if approable (N	OTL Boartered Ag			rpose of changing it continent as register	
12.	OFFICERS AND DIRECTORS T] DELETE		13.		ADDITIONS/CHANGES TO OFF		TORS IN 12
THLE NAME STREET ADDRESS CITY-ST-ZIP	WALLIN, WALTER C. JR. 204 CEDAR PARK CIRCLE SARASOTA FL			LADDRESS		☐ Chang	TORS IN 12 90 Per Control of the Con
TITLE NAME	P Wallin, Thomas W.	DELETE		ST-ZIP	Change Addition		e 🔲 Addition
STREEL ADDRESS CITY-ST-ZIP	4828 OCEAN BLVD SARASOTA, FL 00000		2.3 STREE 2.4 CITY -	T ADDRESS ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIF		☐ DELETE	3 1 TH LE 32 NAME 33 SIRE 34 CHY	EL ADDRESS		☐ Chango	e Add tion
TITLE NAME STREET ADDRESS		[] DELETE	4 1 TITLE 4 2 NAME			☐ Changr	Addition
OTY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE 5 1 TI 5 2 No.		ST-ZIP		Charge	Addition
CTY-S1-ZiP TITLE NAME STHEEL ADDRESS		☐ D€LE1E	5.4 C(1) - 6.1 THLE 6.2 NAME			Change	Addition
C11Y-S1-Z1P	certify that the information e inclind	with the filter in and intention	6 4 CITY -	T ADURESS ST-ZIP			

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qually for the exemption stated in Section 119.07(3)(k), 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: M