

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 568909 (6)

1. Corporation Name

THE FISH PEDDLER, INC.



Principal Place of Business

Mailing Address

7794 N.W. 44TH STREET
SUNRISE FL 33351

7794 N.W. 44TH STREET
SUNRISE FL 33351

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/19/1978

3a. Date of Last Report

04/07/1995

4. FEI Number

59-1820434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

FULLER, CHARLES W. JR.
7794 N.W. 44TH STREET
SUNRISE FL 33351

81 Name

SONYA L. SALKIN, ESQ.

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

ESLER, PETRIE & SALKIN, P.A.

83

315 S.E. 7th Street, Suite 300

84 City

Fort Lauderdale

FL

85 Zip Code
33301

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 607.0503, Florida Statutes.

SIGNATURE

Signature of registered agent or authorized officer

NOTE: Registered Agent signature required when resigning

DATE

4/25/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, VICKIE V	
STREET ADDRESS	1616 SE 7TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, CHARLES W, JR	
STREET ADDRESS	1616 S.E. 7TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Valerie M. Gelsino	
1.3 STREET ADDRESS	7959 NW 51st Court	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33351	
2.1 TITLE	Chairman of Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph Gelsino, Jr.	
2.3 STREET ADDRESS	7959 NW 51st Court	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33351	
3.1 TITLE	V.P. and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Verne G. Ocarson	
3.3 STREET ADDRESS	1115 SE 1st Terrace	
3.4 CITY-ST-ZIP	Deerfield, FL 33441	
4.1 TITLE	Treasurer & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Brian C. Frasco	
4.3 STREET ADDRESS	1106 SW 19th St	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33351	
5.1 TITLE	Sec. and Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joseph V. Gelsino	
5.3 STREET ADDRESS	7959 NW 51st Court	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33351	
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 is voluntarily furnished and does not qualify 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

SIGNATURE:

Valerie M. Gelsino Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

Daytime Phone #

954-741-1944

CR2E034 (12/95)