

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

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

<b>DOCUMENT # 568909</b> 1. Corporation Name <b>THE FISH PEDDLER, INC.</b>	<b>(6)</b>
Principal Place of Business <b>7794 N.W. 44TH STREET SUNRISE FL 33351</b>	Mailing Address <b>7794 N.W. 44TH STREET SUNRISE FL 33351-6204</b>



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/19/1978</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1820434</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>SALKIN, SONYA L ESQ. ELSER, PETRIE &amp; SALKIN PA 315 SE 7TH STREET SUITE 300 FT LAUDERDALE FL 33301</b>	10. Name and Address of New Registered Agent 81 Name <b>Salkin, Sonya Esq</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1776 N. Pine Island Rd.</b> 83 <b># 216</b> 84 City <b>Plantation</b> <b>FL</b> 85 Zip Code <b>33322</b>
---	---

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 \_\_\_\_\_  
 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELSINO, VALERIE M	1.2 NAME	
STREET ADDRESS	7959 NW 51ST COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33351	1.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELSINO, JOSEPH JR.	2.2 NAME	
STREET ADDRESS	7959 NW 51ST COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33351	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSCARSON, VERNE G	3.2 NAME	
STREET ADDRESS	1115 SE 1ST TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD FL 33441	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASCO, BRIAN C	4.2 NAME	
STREET ADDRESS	1106 SW 19TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33351	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELSINO, JOSEPH V	5.2 NAME	
STREET ADDRESS	7959 NW 51ST COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33351	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Valerie M. Gelsino* Valerie M. Gelsino / Pres. 1/30/97 954-741-1944  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)