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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000001275 (5)

EASTERN FISH COMPANY

FILED Jun 24 1997 8:00am Secretary of State

Principal Place of Business	Mailing Addross			
2100 N. CENTRAL ROAD SUITE 303 FORT LEE NJ 07024 US	3217 NW 10TH TERR STE. 308 FT. LAUDERDALE FL 33309-5939			
		3. Date Incorporated or Qualified 03/17/1995	3a. Date of Last Report 07/24/1996	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo	
Olenpoite Center East	26 Interporte leater FAST	13-2795817	Not Applic	

1				
2. Principal Place of Business 2a. Mailing Address	- /-	4. FEI Number	Applied For	
21 Clerpoite Centre East 26 Clerpoite Cent	CE EAST	13-2795817	Not Applicable	
Suite Apt. #, etc. 22 300 FLANK W. BULK BLVD 27 300 FLANK W. B.	uce Blu	6. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State Crity & State	N.T.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	ıntry	8. This corporation has liability for i	ntangible tax under s. 199.032, Yes No	
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent			
KOTZEN, JAY L	81 Name			
2040 NE 163RD ST. #301 NORTH MIAMI BEACH FL 33162	82 Street Address (P.O. Box Number is Not Acceptable)			
	B3			
	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 re agent. I a	egistered agent, or both, in the State of Florida. Su m familiar with, and accept the obligations of, Sect	ch change was aut ion 607.0505, Florid	thorized by the corp da Statutes.	poration's board of directors. I hereby acce	ept the appointment as	registored
SIGNATURE						
	Signature, typed or printed name of registered agent and title it applic			e required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS	
TITLE	CP	☐ DELE1E	1.1 TITLE	Chairman & Chif	Executive Change	Addition
NAME	BLOOM, WILLIAM		1.2 NAME	officer 7	7,00	
STREET ADDRESS	600 PALISADES AVE.		1.3 STREET ADDRESS	William Bloom		,
CITY-ST-ZIP	FT. LEE NJ 07024		1.4 City - St - ZiP	800 PALISADES QUE FOR	Lee, N.T.OA	024
TITLE	CST	DELETE	2.1 TITLE		Change	Addition
NAME	BLOOM, CHARNA		2.2 NAME			
STREET ADDRESS	800 PALISADES AVE.		2,3 STREET ADDRESS			
CITY-ST-ZIP	FT. LEE NJ 07024		2 4 CITY-S1-7IP			
TITLE	DV	☐ DELETE	3.1 TITLE	PRESIDENT	Change Change	Addition
NAME	BLOOM, ERIC		3.2 NAME	ERIC MOOM		
STREET ADDRESS	208 PATRIOT LANE		3.3 STREET ADDRESS	ERIC MOOM 208 Patriot Lane		
CITY-ST-ZIP	RIVERDALE NJ 07675		3 4. CITY - S1 - ZIP	RIVERVALL, NTO.	7675	
TITLE		☐ DELETE	4.1 TITLE	VICE PRESIDENT	☐ Change	Addition
NAME			4. 2 NAME	Lee Bloom		
STREET ADDRESS			4.3 STREET ADDRESS	10 sutton space	= 1712/	
CITY-ST-ZIP			4.4 CHY-S1-7IP	Englewood, N.	101001	
TITLE		DELETE	5.\$ 11TLE	TREASURER	☐ Change	dition
NAME		i	5.2 NAME	PONNA BLOOM	m	
STREET ADDRESS		'	5.3 STREET ADDRESS	ADD Arlingdes D	VENUE.	
CITY-ST-ZIP			5.4 CHY-\$1-ZIP	TOPI 100 N.T	.07029	
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the inspective and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of an anachment with an address. 14. I do hereby certify that the information eso information indicated on this annual popur I am an officer or director of the conforatio appears in Block 12 or Block 13 if changes