
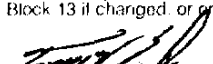


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # G69185 (8)</b>			
1. Corporation Name <b>ALBERT FISHER SALES/POMPAÑO, INC.</b>			
Principal Place of Business <b>15303 DALLAS PARKWAY SUITE 1250 DALLAS TX 75248</b>		Mailing Address <b>15303 DALLAS PARKWAY SUITE 1250 DALLAS TX 75248-8703</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>10/01/1983</b>		3a. Date of Last Report <b>03/15/1996</b>	
4. FEI Number <b>59-2327712</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>EVANS, WANDA C/O RED'S MARKET, INC. 8801 EXCHANGE DR. ORLANDO FL 32809</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DP <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DACHMAN, RICHARD J	1.1 TITLE	ERIC C. KLASSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	201 MONTERERY-SLINAS HIGHWAYS.,STE. G	1.2 NAME	15303 DALLAS PARKWAY #1250
CITY- ST- ZIP	SALINAS CA 93908	1.3 STREET ADDRESS	DALLAS, TX 75248
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	TODD V. ERIKSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELACE, JAMES M	2.2 NAME	15303 DALLAS PARKWAY #1250
STREET ADDRESS	201 MONTERERY-SLINAS HIGHWAYS.,STE. G	2.3 STREET ADDRESS	DALLAS, TX 75248
CITY- ST- ZIP	SALINAS CA 93908	2.4 CITY- ST- ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUK, BERNADETT M	3.2 NAME	VALANT
STREET ADDRESS	15303 DALLAS PARKWAY, # 1250	3.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX 75248	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		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: 		4/30/97 972-687-8230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)