## 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

WALT'S	MENT # J11000 FISH & CHIPS, INC.		(6)					
560 N. WASHINGTON BLVD. SARASOTA FL 34236		560 N. WASHINGTON BLVD. SARASOTA FL 34236-4240						
O Division II	Harry of D. Williams		-U Adda		·	3. Date Incorporated or Qualified 04/23/1986 4. FEI Number	3a. Date of Last 04/04/1996	3
2. Principal r	flace of Business		28. Mailing Address 26			59-2696734		Applied For Not Applicable
Suite. Apt	# etc.		uite, Apt. #, etc.				¢0.74	Additional
22		27	,			5. Certificate of Status Desired	1 1	Required
City & Sta	te	Ci	City & State			6. Election Campaign Financing	\$5.0	O May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip :::::	Country	71	þ	Count	ry	8. This corporation has liability for	intangible tax under	s. 199.032,
24	25   9. Name and Address of Curr	29	ad Agent	30		Florida Statutes  10. Name and Address of New Re	Yes No	
144 SAF	FFIS, JOHN W. III 4 FIRST STREET VASOTA FL 33577  To the provisions of Sections 607.0	502 and 607	1508, Florida Statu	8 8 es, the abo	3 City	ress (P.O. Box Number is Not Acceptal	FL  85   Z	p Code
office or agent. I a SIGNATURE	registered agent, or both, in the Stanii familiar with, and accept the ob- signation typestor protest name of registered					poration submits this statement for the pation's board of directors. I hereby acce	pt the appointment	as registered
12.		AND DIRECTO		13.	gers signature requ	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
TII.E	PT		DELETE	1.1 TITLE			Chang	e Addition
NAME	WALLIN, WALTER			1.2 NAM	E			];
STREET ADDRESS	204 CEDAR PARK CIRCLE			1.3 STRE	ET ADORESS			i
CHY-S1-ZIP	SARASOTA FL		1 55.555	1.4 CiTY		- Hunes		
litte	VS		DELETE	21 TITLE			Ll Chang	e L Addition
NAME	WALLIN, THOMAS			2.2 NAM	-			}
STREET ADDRESS	4828 OCEAN BLVD. SARASOTA FL				ET ADDRESS			
OHY-ST-7#*	UNINOVIA IL		DELETE	2 4 CITY 31 TITUE			☐ Chang	e Addition
NAME				3.2 NAM	1		- 1001g	
STREET ADDRESS					ET ADORESS			
C-TY-ST-ZIP			_	3.4. CITY	- ST - 2IP			
TOTLE			DELETE	4.1 TiTUE			☐ Chang	e Addition
NAME				4. 2 NAM	E			ĺ
STREET ADORESS				4.3 STRE	ET ADDRESS			
CITY S1-70			115-5	4.4 CITY		· · · · · · · · · · · · · · · · · · ·		
11111			DELETE	51 TITLE	1		Chang	e 🔲 Addition
NAME				5.2 NAM	<b>.</b>			
STREET ADDRESS					E1 ADDRESS			
CITY+S1+ZiP			DELETE	5.4 CITY			Chang	e Addition
1016			FT DECEIE	6.1 TITLE	- 1			C LLJ MUDISION )
NAME				6.2 NAM	i			ļ
STREET ADORESS				6.3 STRE	ET ADDRESS			

6.4 CITY - ST - ZIP

SIGNATURE:

CHY-51 Zer

C. WALLINJR

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 eath; 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 chargod, or on an attachment with an address.

**FILED** 

Apr 14 1997 8:00am

Secretary of State