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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J74166

(6)

DOCUMENT #

KAJO FISHERIES, INC.

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									<u> </u>			INII OKNII DIDII INDI
Principal Place o	f Business		M	lailing Address								
% JOSEPH SALADINO, JR. P.O. BOX 102 MARATHON FL 33050-0102				% Joseph Saladino. Jr. P.O. Box 102 Marathon Fl 33050-0102			:					
								3. Date Incorporated or Qualified 05/22/1987	Report 1995			
2. Principal Plac	e of Business	S	28 26	. Mailing Address					4. FEI Number 59-2820724			Applied For Not Applicable
Suite, Apt. #,	etc.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired		- ·	5 Additional Required
City & State			28	City & State					Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip 24	2	Country	29	Zip	30	untry			8. This corporation has liability for i Florida Statutes Yes		x under s	3 199.032,
	9. Name a	nd Address of Currer	nt Regi	stered Agent					10. Name and Address of New R	egistered /	Agent	
8038 TI	INO, JOSEF UNA DR. HON FL 33					81 82 83	L		s (P.O. Box Number is Not Acceptab	le)		
						84	City			FL	85 2	Zip Code
familiar with SIGNATURE	n, and accept	oth, in the State of Flori the obligations of, Sec- printed name of registered agen	tion 607	'.0605, Florida Statutes.					of directors. I hereby accept the appointment of the directors of the dire	DATE	registera	o agent. I am
12.		OFFICERS AN			13.				ADDITIONS/CHANGES TO OFF	CERS AND	DIRECT	ORS IN 12
TITLE	PS			☐ DELETE	1.1	TITLE					Change	Addition
NAME	SALAD	INO, RAYMOND L.			1.2 1	AME						
STREET ADDRESS		iarlin dr			1.3 \$	STREET	I ADDRES	ss				
CITY-ST-ZiP	MARAT	HON FL			1.4 0	DITY-S	ST-ZIP					
T-TLE	VI			☐ DELETE	2 1	TITLE		1			Change	B Addition
NAME		ino, Joseph, Jr.			221	MAME						
STREET ADDRESS		UNA DR.			235	STREET	I ADDRES	SS				
CITY-ST-ZIP	MARAT	HON FL					ST-ZIP					
TITLE				☐ DELETE	3 1	TITLE				ſ	Change	e 🔲 Addition
NAME					321	NAME						
STREET ADDRESS					3.3	STREE	T ADDRE	SS				
CITY-ST-ZIP							ST-ZIP					F3 4466
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CITY-ST-ZIP					4.4	CITY-S	ST-ZIP					
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NAME					52	NAME						ļ
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CITY-ST-ZIP					5.4	CITY-S	ST-ZIP					
TITLE				DELETE	6 1	TITLE				[Change	e 🔲 Addition
NAME					6.2	NAME		-				ļ
SOUGHANDESS					6.3	STREE	T ADORES	1 22				;

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SosepH SALADINO 3e 4/29/96