

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K30055

(3)

1. Corporation Name

WJS-FISHERMANS, INC.

Principal Place of Business

**2727 NORTHWEST 38TH STREET
MIAMI FL 33142**

Mailing Address

**2727 NORTHWEST 38TH STREET
MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1988

3a. Date of Last Report

04/06/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0070401

Applied For

Not Applicable

State: App. # etc.

22

State: App. # etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23

City & State

28

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for advertising fees under 5-196.002

Florida Statutes

☐ Yes

☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAFER, WARREN
2727 NW 38 ST.
MIAMI FL 33142**

81. Name

82. Street Address (if O. Box Numbering is Not Applicable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 601, 602, and 603, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office as required by law. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE

(Signature of Registered Agent or Registered Agent's Attorney)

(Signature of Registered Agent or Registered Agent's Attorney)

(Signature)

12. OFFICERS AND DIRECTORS

1. NAME

**D
SCHAFER, WARREN J.
2727 NW 38TH ST
MIAMI FL**

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, STATE, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, STATE, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, STATE, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, STATE, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Sections 601(1)(a) and 602(1)(a), Florida Statutes. I further certify that the information included on this report is supplemental and not required by law 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 person authorized to execute this report as required by Chapter 602, Florida Statutes, and that my name appears in Block 12 on this form. I am not a registered agent with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/95