

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K42377 (7)

1. Corporation Name

FISH'S PARADISE II, INC.

Principal Place of Business

**279 S. STATE RD. 7
MARGATE FL 33068**

Mailing Address

**279 S. STATE RD. 7
MARGATE FL 33068**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/01/1988

3a. Date of Last Report
03/14/1994

4. FEI Number
65-0083657

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRULEWITZ, GARY L.
FRIEDMAN, OSHKINSKY & KRULEWITZ, P.A.
1150 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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

Signature of person named in registered agent and this application

(NOTE: Registered Agent signature required when corporation)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **CHOPSKI, JOSEPH B.**
STREET ADDRESS **279 SOUTH STATE RD 7**
CITY, ST, ZIP **MARGATE FL**

TITLE **DVP**
NAME **BIENVENU, LAURENCE C.**
STREET ADDRESS **279 SOUTH STATE RD 7**
CITY, ST, ZIP **MARGATE FL**

TITLE **DS**
NAME **BIENVENU, GLORIA C.**
STREET ADDRESS **279 S. STATE RD. 7**
CITY, ST, ZIP **MARGATE FL**

TITLE **DT**
NAME **CHOPSKI, JOYCE C.**
STREET ADDRESS **279 S. STATE RD. 7**
CITY, ST, ZIP **MARGATE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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(6)(b), 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 this 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:

Gloria C. Bienvenu *Gloria C. Bienvenu* 5/1/95 (305) 961-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE