

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 4:12

DOCUMENT # **L38035** (6)

1. Corporation Name

THE GREAT AMERICAN SMOKED FISH COMPANY

Principal Place of Business

**5715 MARGATE BV
MARGATE FL 33063**

Mailing Address

**5715 MARGATE BV
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1989

3a. Date of Last Report

04/22/1994

4. FEI Number

65-0166604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SCHIMMEL, ROBERT L.
3191 CORAL WAY
PH-2
MIAMI FL 33145**

10. Name and Address of New Registered Agent

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 607.1506, 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 typed in printed name of registered agent and his or her address

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**SD
ZACKER, HARVEY
5715 MARGATE BV
MARGATE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PD
MARKMAN, STANLEY
5715 MARGATE BV
MARGATE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**TDV
PEEPPER, STANLEY
5715 MARGATE BV
MARGATE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
BOLTON, RICHARD
5715 MARGATE BV
MARGATE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
GAFFIN, HAROLD
5715 MARGATE BV
MARGATE FL**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(4)(b), Florida Statutes. I further certify that the information included 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or in an attachment with an address.

SIGNATURE

Signature typed in printed name of signing officer or director

STANLEY PEEPPER VP

3/23/95

(305)

977-7300