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

DOCUMENT #

P93000072863 (2)

1. Corporation Name CHARLIE'S FISH PEDDLER, INC. Principal Place of Business Mailing Address																
500 AZALEA LANE VERO BEACH FL 32963					500 AZALEA LANE VERO BEACH FL 32963											
										3. Date Inco		rated or 1993	Qualified	3a.	Date of Last R 01/31/1	
· 1	. Principal Place of Business T			 	2a. Maiting Address					4. FEI Num			_			Applied For
21	Suite Apt. #, etc.			Suite Act # etc					65	/ 04	46707	<u> </u>			Not Applicable	
22	T			27	Suite, Apt. #, etc.					5. Certificat	e of	Status [Desired			Additional Required
	City & State			 1	City & Stale				 	6. Election (_			May Be
	Zip Country			Zip			Country			Trust Fur					e tax under s	d to Fees
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٠.		9. Name and Ad	dress of Cur	rent Registered	Agent		Ι.,			10, Name a	nd A	ddress	4\			
							81	Nar	ne							
CALDWELL, WILLIAM W							82	Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)						
756 BEACHLAND BLVD. VERO BEACH FL 32963				83												
	VERU (SEAUTI FL 32963					"									
							84	City							85 Zi	p Code
11.	or registere	the provisions of Sid agent, or both, in and accept the ob-	the State of Fi	orida. Such char	ige was author	12ed by the	ove-n corp	narneo oratio	corpora	ition submits thi d of directors. I	is sta herel	itement by acce	for the p pt the ap	ourpose o opointmer	changing its of as registered	registered office Lagent. Lam
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12.		agnatine, typed or pratect na		Sent and title Lapplicat AND DIRECTORS		NOTE: Registere		it signal	re required	when reinstating)	NC/C	LIANICE	C TO O	DA		DC W 10
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	Loo hereby certify that oath; that I	certify that the infor the information indic am an officer or dire Block 12 or Block 1	ated on this a ector of the co	nnual report or s rporation or the i	upplemental ar receiver or trus	irnished and inual report tee enipow	does	s not	accurate	a and that my c	ional	hura eho	ili baya th	na cama l	unal offect ac i	f mada undar

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

407 231-0250

Daytime Phone #