

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000049639 (5)

1. Corporation Name

HANSON'S SEAFOOD, INC.



Principal Place of Business

Mailing Address

**2108 N.E. 124TH STREET
 NORTH MIAMI FL 33181**

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 NORTH MIAMI FL 33181**

3. Date Incorporated or Qualified **06/29/1994** 3a. Date of Last Report **09/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number **65-0507177** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANSON, JAMES D JR.
 2108 N.E. 124TH STREET
 NORTH MIAMI FL 33181**

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 typed or printed name of registered agent and title (Applicant)

(NOTE: Registered Agent's signature required when reappointing)

(D-1)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD HANSON, JAMES D JR.**
 STREET ADDRESS **2108 N.E. 124TH STREET**
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

11 TITLE Change Addition

TITLE DELETE
 NAME **SD HANSON, RAEGAN**
 STREET ADDRESS **2108 N.E. 124TH STREET**
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

12 NAME Change Addition

TITLE DELETE

13 STREET ADDRESS Change Addition

TITLE DELETE

14 CITY-ST-ZIP Change Addition

TITLE DELETE

21 TITLE Change Addition

TITLE DELETE

22 NAME Change Addition

23 STREET ADDRESS Change Addition

24 CITY-ST-ZIP Change Addition

31 TITLE Change Addition

32 NAME Change Addition

33 STREET ADDRESS Change Addition

34 CITY-ST-ZIP Change Addition

41 TITLE Change Addition

42 NAME Change Addition

43 STREET ADDRESS Change Addition

44 CITY-ST-ZIP Change Addition

51 TITLE Change Addition

52 NAME Change Addition

53 STREET ADDRESS Change Addition

54 CITY-ST-ZIP Change Addition

61 TITLE Change Addition

62 NAME Change Addition

63 STREET ADDRESS Change Addition

64 CITY-ST-ZIP Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

CR2E034 (3/96)