

**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 # **P94000061864 (2)**

1. Corporation Name
FISH AND CHIMPS, INC.



Principal Place of Business: **2065 SW 15TH PLACE DEERFIELD BEACH FL 33442**
Mailing Address: **2065 SW 15TH PLACE DEERFIELD BEACH FL 33442**

3. Date Incorporated or Qualified: **08/22/1994**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business
21 **715 W. ORCHARA DRIVE**
22 **SUITE 2**
23 **BELLINGHAM, WASHINGTON**
24 **98225**
25 **U.S.A.**
26 **2065 S.W. 15th PL.**
27 **F**
28 **DEERFIELD BEACH, FL.**
29 **33442**
30 **U.S.A.**

4. FEI Number: **65-0518070**
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
MCDONNELL, RAYMOND F
2065 SW 15TH PLACE
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when consulting.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, RAYMOND F	1.2 NAME	
STREET ADDRESS	2065 SW 15TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, THOMAS	2.2 NAME	
STREET ADDRESS	2065 SW 15TH PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, ERIN	3.2 NAME	
STREET ADDRESS	2065 SW 15TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, MARIE	4.2 NAME	
STREET ADDRESS	2065 SW 15TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	4.4 CITY-ST-ZIP	
TITLE	VTD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, BRIAN P	5.2 NAME	
STREET ADDRESS	P.O. BOX 1827 NA	5.3 STREET ADDRESS	
CITY-ST-ZIP	FERNDAL WA 98248	5.4 CITY-ST-ZIP	
TITLE	VSD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, TAMARA A	6.2 NAME	
STREET ADDRESS	P.O. BOX 1827 NA	6.3 STREET ADDRESS	
CITY-ST-ZIP	FERNDAL FL 98248	6.4 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(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: Raymond F McDonnell **Raymond F McDonnell** 6/10/96 954-426-8318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)