

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000080162 (6)

1. Corporation Name
PETE'S SEAFOOD, INC.

Principal Place of Business

730 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address

730 W. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009-5328

3. Date Incorporated or Qualified
09/26/1996

3a. Date of Last Report

4. FEI Number

65-0701875

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.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MORATIS, ROBERT J
1310 SE 3RD AVE.
FT. LAUDERDALE FL 33318

10. Name and Address of New Registered Agent

81 Name GLORIA VASSELLO
82 Street Address (P.O. Box Number is Not Acceptable)
730 W. Hallandale Bch. Blvd.
83
84 City Hallandale FL 85 Zip Code 33009

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: GLORIA VASSELLO

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Gloria Vassello 2/20/97

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input type="checkbox"/> DELETE
NAME	VASSELLO, PETER L	
STREET ADDRESS	730 W. HALLANDALE BEACH BLVD.	
CITY - ST - ZIP	HALLANDALE FL 33009	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VASSELLO, PETER L	
1.3 STREET ADDRESS	730 W. Hallandale Bch. Blvd.	
1.4 CITY - ST - ZIP	Hallandale, Fl. 33009	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VASSELLO, GLORIA	
2.3 STREET ADDRESS	730 W. Hallandale Bch. Blvd.	
2.4 CITY - ST - ZIP	Hallandale, Fl. 33009	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 VASSELLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97 954-4044

Date Daytime Phone #

CR2E034 (9/96)