

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Jul 28 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 # P96000097397 (9)

1. Corporation Name
DEAD FISH, INC.

Principal Place of Business
682 BAYSHORE DRIVE
DESTIN FL 32541

Mailing Address
682 BAYSHORE DRIVE
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/25/1996	3a. Date of Last Report
4. FEI Number 59-3431077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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9. Name and Address of Current Registered Agent

PENTEL, LAURANCE F
682 BAYSHORE DRIVE
DESTIN FL 32541

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
STREET ADDRESS	1.2 NAME	1.2 NAME	
CITY-ST-ZIP	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS	2.2 NAME	2.2 NAME	
CITY-ST-ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
STREET ADDRESS	3.2 NAME	3.2 NAME	
CITY-ST-ZIP	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS	4.2 NAME	4.2 NAME	
CITY-ST-ZIP	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS	5.2 NAME	5.2 NAME	
CITY-ST-ZIP	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
STREET ADDRESS	6.2 NAME	6.2 NAME	
CITY-ST-ZIP	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	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 as an attachment with an address.

SIGNATURE: LAURANCE F. PENTEL 7/23/97 850-332-5404

CR2E034 (4/97)