

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

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AND
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97 APR 10 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099722

1. Corporation Name

Fishermann of Brevard, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

12/10/96

3a. Date of Last Report

n/a

4. FEI Number

59-3414924

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

1190 A1A Highway

2a. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Satellite Beach, FL

City & State

Zip

32937

Country

Zip

Country

9. Name and Address of Current Registered Agent

Christopher J. Coleman, Esq.
1800 W. Hibiscus Blvd., #138
Melbourne, FL 32901

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P D ☐ DELETE
NAME Peter Hammelmann
STREET ADDRESS 1190 A1A Highway
CITY-STATE-ZIP Satellite Beach, FL 32937

TITLE S T D ☐ DELETE
NAME Farida Benayad
STREET ADDRESS 1190 A1A Highway
CITY-STATE-ZIP Satellite Beach, FL 32937

TITLE VP D ☐ DELETE
NAME Jaafar Benayad
STREET ADDRESS 1190 A1A Highway
CITY-STATE-ZIP Satellite Beach, FL 32937

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE D ☒ DELETE
NAME Christopher J. Coleman
STREET ADDRESS 1800 W. Hibiscus Blvd., #138
CITY-STATE-ZIP Melbourne, FL 32901

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS 800002139448--3
14 CITY-STATE-ZIP -04/10/97--01074--015

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

14. I, the undersigned, 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 contained 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/9/97

X (407) 779-420