## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

I am an officer or director appears in Block 12 or B

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham , ANNUAL REPORT FILED Secretary of State **DIVISION OF CORPORATIONS** 1997 97 JUL 30 PM 2: 46 DOCUMENT # P96000104194 (1) SECRETARY OF STATE TALLAHASSEE FLORIDA MARKER "7" FISH HOUSE, INCORPORATED Principal Place of Business Mailing Address 305 PEAR TREE AVE 305 PEAR TREE AVE GOODLAND FL 34140 GOODLAND FL 34140 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/23/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 65-07 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FRANKLIN, MICHAEL 305 PEAR TREE AVE Street Address (P.O. Box Number is Not Acceptable) GOODLAND FL 34140 83 84 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida. Such change was author
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE MICHAEL FRANKLIN Signature, typed or printed name of registered agent and title if applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (4/97 DELETE Change TITLE 1.1 TITLE KRANZ, JACKIE NAME **1.2 NAME** 600002257306--1 -08/04797--01170--018 \*\*\*\*165.00 \*\*\*\*165.00 CRZE034 305 PEAR TREE AVE STREET ADDRESS 1.3 STREET ADDRESS GOODLAND FL 34140 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE FRANKLIN, MICHAEL NAME 2.2 NAME 305 PEAR TREE AVE STREE LADDRESS 2.3 STREET ADDRESS GOODLAND FL 34140 CITY-- ZIP 2. 4 CITY - ST - ZIP DELETE Change TITLE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TiTLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ☐ Chape Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP iformation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 the corporation or the receiver or trusted employered to execute this report as equired by Chapter 607, Florida Statutes; and that my name 13 if change i, or on an attachment with an address. 14. I do hereby certify that the information indicated on the

(A41) 2A4.12

July 22, 1997. Ashiran of Componstions. Jim, I merwed of July 21, 1997, as "2-12 Istric" Form and Proof to American Moderna Mo consect, Marked. I anded James Notice had down assured and salaming for \$165 = (941) 394-1313 Mila Fasis

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