

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G69185 (8)**

1. Corporation Name
ALBERT FISHER SALES/POMPANO, INC.



Principal Place of Business Mailing Address
15303 DALLAS PARKWAY SUITE 1250 DALLAS TX 75248

3. Date Incorporated or Qualified **10/01/1983** 3a. Date of Last Report **04/10/1995**
4. FEI Number **59-2327712** 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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EVANS, WANDA
C/O RED'S MARKET, INC.
8801 EXCHANGE DR.
ORLANDO FL 32809**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DACHMAN, RICHARD J	
STREET ADDRESS	201 MONTERERY-SLINAS HIGHWAYS.,STE. G	
CITY-ST-ZIP	SALINAS CA 93908	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LOVELACE, JAMES M	
STREET ADDRESS	201 MONTERERY-SLINAS HIGHWAYS.,STE. G	
CITY-ST-ZIP	SALINAS CA 93908	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KRUK, BERNADETT M	
STREET ADDRESS	15303 DALLAS PARKWAY, # 1250	
CITY-ST-ZIP	DALLAS TX 75248	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD	
STREET ADDRESS	7380 SAND LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'BOYLE, KEVIN	
STREET ADDRESS	7380 SAND LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BUNNELL, DAVID A	
STREET ADDRESS	7380 SAND LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bernadette M Kruk Bernadette M Kruk 2/29/96 214-681-8230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)