

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G69185 (8)

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



Principal Place of Business 15303 DALLAS PARKWAY SUITE 1250 DALLAS TX 75248	Mailing Address 15303 DALLAS PARKWAY SUITE 1250 DALLAS TX 75248-8703
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3. Date Incorporated or Qualified 10/01/1983	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2327712	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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		<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	ERIC C. KLASSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	15303 DALLAS PARKWAY #1250	
1.4 CITY-ST-ZIP	DALLAS, TX 75248	
2.1 TITLE	TODD V. ERICKSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	15303 DALLAS PARKWAY #1250	
2.4 CITY-ST-ZIP	DALLAS, TX 75248	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VALANT	
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: Todd V. Erickson **Todd V. Erickson** 4/30/97 **972-687-8230**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)