

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 MAR -2 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G69185
1. Corporation Name

ALBERT FISHER SALES/POMPAÑO, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date (Incorporated or Qualified) 10/01/83

21	2. Principal Place of Business	2a. Mailing Address
21	1156 Abbott Street	2a. 1156 Abbott Street
22	Suite, Apt. #, etc. Suite 1250	27 Suite 1250
23	City & State Salinas, CA	28 City & State Salinas, CA
24	Zip 93901 Country US	29 Zip 93901 Country US

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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	Klasson, Eric C	
STREET ADDRESS	1156 Abbott Street, Suite 1250	
CITY-ST-ZIP	Salinas, CA 93901	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	Erickson, Todd V	
STREET ADDRESS	1156 Abbott Street, Suite 1250	
CITY-ST-ZIP	Salinas, CA 93901	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	Lucas, James	
STREET ADDRESS	1156 Abbott Street, Suite 1250	
CITY-ST-ZIP	Salinas, CA 93901	
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

11 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Hilger, James K.	
13 STREET ADDRESS	1156 Abbott Street, Suite 1250	
14 CITY-ST-ZIP	Salinas, CA 93901	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I 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 in an attachment with an address.

SIGNATURE: _____

James K. Hilger 3/5/98 4087581350

CR2E034 (10/97)