FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 712137 (9)

1. Corporation Name

OFFICIAL FORT LAUDERDALE BILLFISH TOURNAMENT, IN C.

Principal Place of Business
1401 E. BROWARD BLVD
~~540 NE FOURTH STREET~~ Suite 101
FORT LAUDERDALE FL 33301-1154

Mailing Address
1401 E. BROWARD BLVD
~~540 NE FOURTH STREET~~ Suite 101
FORT LAUDERDALE FL 33301-1154

3. Date Incorporated or Qualified: 01/23/1967
3a. Date of Last Report: 02/13/1995

2. Principal Place of Business
21 1401 E. BROWARD BLVD
22 Suite, Apt. #, etc.: Suite 101
23 City & State: FORT LAUDERDALE, FL.
24 Zip: 33301
25 Country: USA

2a. Mailing Address
26 1401 E. BROWARD BLVD
27 Suite, Apt. #, etc.: Suite 101
28 City & State: FORT LAUDERDALE, FL.
29 Zip: 33301
30 Country: USA

4. FEI Number: 23-7218760 ☐ 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

9. Name and Address of Current Registered Agent

STEPHENS, JOHN E JR
~~540 NE 4TH~~ST 1248 N. Rio Vista Blvd.
FT LAUDERDALE FL 33301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	PYLES, DAVE		1.2 NAME	SCOTT COMBS	
STREET ADDRESS	2596 SW 23 TERRACE		1.3 STREET ADDRESS	2000 N.E. 62 CT.	
CITY-ST-ZIP	FT LAUDERDALE FL 33312		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33308	
TITLE	PD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARMEN, JILL		2.2 NAME		
STREET ADDRESS	1598 CORDOVA RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33316		2.4 CITY-ST-ZIP		
TITLE	~~VP~~	☐ DELETE	3.1 TITLE	President	☐ Change ☐ Addition
NAME	STRAUSS, JAMIE		3.2 NAME		
STREET ADDRESS	311 SW 24TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33315		3.4 CITY-ST-ZIP		
TITLE	~~VP~~ VD	☐ DELETE	4.1 TITLE	~~President~~	☐ Change ☐ Addition
NAME	NAGEL, GEORGE		4.2 NAME		
STREET ADDRESS	1401 E BROWARD BLVD #101		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33301		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	STEPHENS, JOHN E JR		5.2 NAME	JOHN STEPHENS	
STREET ADDRESS	~~540 NE 4TH ST~~		5.3 STREET ADDRESS	1248 N. RIO VISTA BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33301		5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL. 33301	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ TREASURER 2/25/96 954 525 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN E. STEPHENS