

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

**FILED**

**May 08 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H36383 (8)**  
1. Corporation Name  
**LOXAHATCHEE BAIT AND TACKLE, INC.**



Principal Place of Business <b>14567 SOUTHERN BLVD. P O BOX 1322 LOXAHATCHEE FL 33470</b>	Mailing Address <b>14567 SOUTHERN BLVD LOXAHATCHEE FL 33470 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>12/31/1984</b>	
<b>4.</b> FEI Number <b>59-2438004</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> 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**

**VIERA, JOSE**  
**14915 SOUTHERN BLVD.**  
**LOXAHATCHEE FL 33470**

**10. Name and Address of New Registered Agent**

**81** Name Jose Viera  
**82** Street Address (P.O. Box Number is Not Acceptable)  
14567 Southern Blvd  
**83**  
**84** City Loxahatchee **85** Zip Code 33470 **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 <b>PD</b>	NAME <b>VIERA, JOSE</b>	DELETED <input type="checkbox"/>
STREET ADDRESS <b>14567 SOUTHERN BLVD.</b>	CITY-ST-ZIP <b>LOXAHATCHEE FL</b>	
TITLE <b>VP</b>	NAME <b>MORROW, CRISTINA</b>	DELETED <input type="checkbox"/>
STREET ADDRESS <b>16859 77TH LANE NO</b>	CITY-ST-ZIP <b>LOXAHATCHEE FL</b>	
TITLE <b>T</b>	NAME <b>VIERA, CRISTINA</b>	DELETED <input type="checkbox"/>
STREET ADDRESS <b>11851 51ST CT N</b>	CITY-ST-ZIP <b>ROYAL PALM BCH FL</b>	
TITLE <b>S</b>	NAME <b>VIERA, LISSETTE</b>	DELETED <input type="checkbox"/>
STREET ADDRESS <b>11851 51ST CT N</b>	CITY-ST-ZIP <b>ROYAL PALM BCH FL</b>	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	<u>17853 87th Lane North</u>
4.4 CITY-ST-ZIP	<u>Loxahatchee, FL 33470</u>
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**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 on an attachment with an address.

SIGNATURE: Cristina Viera **4-28-98 571-793-1558**

CFR2E034 (10/97)