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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # K81670

(7)

1. Corporation	n Name	•	,							
FISH	IN HOLE, INC.					à l à biù iki à c i (din) ài din o diric an	All Adil Aldia All	6 11 610 11 6 11	011 01011 01011 10	
		4								
Principal Place of Business Mailing Address					I CORPORA DEL PRINTI MENO DIVIDI DELLA DELLA SIGNI DIVINI DI DI					
450 N BEA	ach street ach st. Beach Fl 32114	450 N BEACH ST.	450 N BEACH STREET 450 N BEACH ST. DAYTONA BEACH FL 32114							
DATIONA	DEACH PL 32114	DATIONA BEACH	FL 32114			3. Date Incorporated or Qualified	3a. Date o			
0 D Di			, <u>-</u>			04/19/1989	0	<u>5/01/19</u>		
21 Principal Pla	ace of Business	2a. Mailing Address		ľ		4. FEI Number 59-2942207			Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		}				<u> </u>	Additional	
22		27		ı		5. Certificate of Status Desired		• -	Required	
City & State	?	City & State	├─ ┐ ′			6. Election Campaign Financing \$5.00 M			May Be	
23		28	- ,	<u> </u>		Trust Fund Contribution			to Fees	
Ζφ 24	Country 25	Ζιρ 29	30 C⊙ı	ntry		8. This corporation has liability for in Florida Statutes Yes		under s	199.032,	
	9. Name and Address of Cu		30	ļ		10. Name and Address of New R		aent		
				81	Name			,		
LYTW	yn, gene			82	Street Add	ress (P.O. Box Number is Not Acceptab	Δ\			
	BEACH ST					i.o. box Hambol is Not Acceptab	107			
DAYTO	DNA BEACH FL 32114			83						
				84	City			85 Zip	Code	
44 D				ll	-		FL			
or register familiar wit	o the provisions of Sections 607.0 ed agent, or both in the State of F th, and acceptions of, S	J502 and 607.1508, Florida Statu Florido: Sugh change was author Section 607.0505, Florida Statute	utes, the abo ized by the a es.	ove-n corpo	armed corpor oration's boa	ration submits this statement for the pur rd of directors. I hereby accept the appo	pose of chan pintment as re	ging its re agistered	egistered offic agent. I am	
SIGNATURE _	Olene -	Ander -					4/24/	196		
12.	Signature, typed or printed name of registered a	<i></i>	NOTE Registered	Agen	t signature require	d when reinstating)	DATE /	VIDEOTO	DO 151 40	
TITLE		OFFICERS AND DIRECTORS DELETE		ITLE	 }	ADDITIONS/CHANGES TO OFF		Change	HS IN 12 Addition	
NAME	LYTWYN, GENE	L.J DECENE	1.2 N		ŀ			Change	Madition	
STREET ADDRESS	1428 HERNDON RD W				ADDRESS					
CITY-ST-7IP	PORT ORANGE FL			14 CHTY-ST-ZIP						
TITLE		□ DELETE	2 17	TLE				Change	Addition	
NAME			22 N	22 NAME						
STREET ADDRESS				TREET	ADORESS					
CITY-ST-7IP		□ btitte		TY-51	r-ZIP					
TITLE		[_] DELETE	☐ DELĒTE 3.17					Change	☐ Addition	
NAME STREET ADDRESS			3.2 N		4000000					
CITY-ST-ZIP					ADDRESS					
TILE		DELETE	4.17	ITY-\$1 ITLE	1-211			Change	☐ Addition	
NAME		_	4.2 N	AME			_	_	_	
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY - ST - 7/P			4.4 C	TY-SI	I - ZIP	·				
TITLE		DELETE		5 1 TITLE				Change	☐ Addition	
NAME			5 2 N	AME						
STREET ADDRESS			5351	TREET	ADDRESS					
CITY-ST-ZIP		ריז חבובדר	·	TY-ST	- ZIP			Char	— 1220.	
NAME		DELETE	617				L	Change	Addition	
STREET ADDRESS			62 N/		ADDESS					
CITY-ST-ZIP				IHEET /	ADDRESS					
14. Ldo hereby	y certify that the information suppli	ied with this filing is voluntarily fur	nished and	does	not qualify for	or the exemption stated in Section 119.	07(3)(k), Floric	ia Statute	es. I further	
certify that oath; that i appears in	the information indicated on this a am an officer or director of the co Block 12 or Block 13 if changed	annual report or supplemental an apporation or the receiver or trust or in an attachment with ap acc	oual report i ee empowei dress.	s truk red to	e and accura o execute this	ite and that my signature shall have the s report as required by Chapter 607, Fic	same legal ef rida Statutes	ect as if and that	made under t my name	