

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L80848 (9)**  
1. Corporation Name  
**FLORIDA KEYS FLY FISHING SCHOOL & OUTFITTERS, INC.**



Principal Place of Business <b>81920 OVERSEAS HWY ISLAMORADA FL 33036 US</b>		Mailing Address <b>P.O. BOX 603 ISLAMORADA FL 33036 US</b>		3. Date Incorporated or Qualified <b>06/15/1990</b>	3a. Date of Last Report <b>01/18/1995</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0201554</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent <b>MORET, SANFORD W. 81920 OVERSEAS HWY ISLAMORADA FL 33036</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent) (If not applicable) \_\_\_\_\_ (Typed Registered Agent Signature required when re-filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MORET, SANFORD W. 81920 OVERSEAS HWY ISLAMORADA FL	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	ST MORET, SANFORD W. 81920 OVERSEAS HWY ISLAMORADA FL	<input type="checkbox"/> DELETE	1.2 NAME
STREET ADDRESS			1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
			2.1 TITLE
			2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
			3.1 TITLE
			3.2 NAME
			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
			4.1 TITLE
			4.2 NAME
			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
			5.1 TITLE
			5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
			6.1 TITLE
			6.2 NAME
			6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP

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

SIGNATURE: *Sanford W. Moret* **SANFORD W. MORET** 1/22/96 305-664-5423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)