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 # **N15171** **(4)**

1. Corporation Name

LADIES ANNUAL FISHOFF, INC.

Principal Place of Business

% KENNEDY & ASSOCIATES
1000 E ATLANTIC BLVD., STE. 100
POMPANO BEACH FL 33060

Mailing Address

% EUGENE M. KENNEDY, P.A.
517 SW 1ST AVE.
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified: 05/30/1986

3a. Date of Last Report: 03/03/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 59-2719702 — 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

KENNEDY, EUGENE M ESQ.
517 SOUTHWEST 1ST AVE.
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	PUGHE, TOM	
STREET ADDRESS	3941 NE 31ST AVE.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	VD	☒ DELETE
NAME	NOLAN, JIM	
STREET ADDRESS	2161 NE 44TH ST.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33062	
TITLE	ST	☐ DELETE
NAME	KENNEDY, DEBORAH	
STREET ADDRESS	1000 E. ATLANTIC BLVD., STE. 100	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	☐ DELETE
NAME	SKERRY, THERESA	
STREET ADDRESS	1019 RHODES VILA AVE.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	DEBORAH KORNAHRENS	
1.3 STREET ADDRESS	4000 NE 31 AVE	
1.4 CITY-ST-ZIP	Lighthouse Point FL 33064	
2.1 TITLE	PV	☐ Change ☒ Addition
2.2 NAME	DIANE SHEPARD	
2.3 STREET ADDRESS	964 SE 9 AVE	
2.4 CITY-ST-ZIP	Pompano BEACH FL 33060	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Deborah Kennedy — 3/26/96 — 305 782-8376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #