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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
% KENNEDY & ASSOCIATES 1000 E ATLANTIC BLVD., STE. 100 POMPANO BEACH FL 33060	% EUGENE M. KENNEDY, P.A. 517 SW 1ST AVE. FT. LAUDERDALE FL 33301-2803

3. Date Incorporated or Qualified: 05/30/1986
3a. Date of Last Report: 04/23/1996

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 _____ 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	PD	☐ DELETE	1.1 TITLE	Rachel Leach	☒ Change ☐ Addition
NAME	DEBORAH KORNAGRENS		1.2 NAME		
STREET ADDRESS	4000 NE 31ST AVE		1.3 STREET ADDRESS	2243 NE 25 St.	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		1.4 CITY-ST-ZIP	Lighthouse Pt. FL 33064	
TITLE	P	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	DIANE SHEPARD		2.2 NAME		
STREET ADDRESS	964 SE 9TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, DEBORAH		3.2 NAME		
STREET ADDRESS	1000 E. ATLANTIC BLVD., STE. 100		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SKERRY, THERESA		4.2 NAME		
STREET ADDRESS	1019 RHODES VILA AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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 (9/96)

14. I do 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 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 Kornagrens SIGNATURE REQUIRED 2/17/97 954 7632030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0035322