

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N17815 (4)
 1. Corporation Name

FISHERMEN AGAINST DESTRUCTION OF ENVIRONMENT, INC.



Principal Place of Business: **225 MARGUERTA DR W PALM BCH FL 33415 US**
 Mailing Address: **PO BOX 16061 W PALM BCH FL 33416 US**

3. Date Incorporated or Qualified: **11/18/1986**
 3a. Date of Last Report: **05/01/1995**

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

4. FEI Number: **NOT APPLICABLE**
 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

**NELSON, WAYNE
 225 MARGUERTA DR
 W PALM BCH FL 33415**

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALLACE, CRAIG | 1.2 NAME | |
| STREET ADDRESS | 337-D TRENT CT | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOCA RATON FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OUELLETTE, BRIAN | 2.2 NAME | |
| STREET ADDRESS | 16086 E ALLAN BLACK BLVD | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | LOXTAHATCHEE FL | 2.4 CITY - ST - ZIP | |
| TITLE | ST | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAPP, FRANK | 3.2 NAME | |
| STREET ADDRESS | 2536 SW 10TH ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | BOYNTON BCH FL | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | M NELSON, WAYNE |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 225 MARGUERITA DR. |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | W. PALM BEACH, FL 33415 |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne L. Nelson **WAYNE L. NELSON** 7/17/96 621-683-4286
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)