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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N17815

1. Corporation Name
FISHERMEN AGAINST DESTRUCTION OF ENVIRONMENT, INC.

Principal Place of Business 225 MARGUERITA DR W PALM BCH FL 33415 US	Mailing Address PO BOX 16061 W PALM BCH FL 33416 US
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2. Principal Place of Business 21 5195 FOX HALL DR N Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. BOX 16061 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 11/18/1986
23 W PALM BEACH City & State Zip 33417 Country USA	28 W. PALM BEACH, FL City & State Zip 33416 Country USA	4. FEI Number NOT APPLICABLE Applied For Not Applicable
9. Name and Address of Current Registered Agent NELSON, WAYNE 225 MARGUERITA DR W PALM BCH FL-33415		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent	
81 Name JAMES M HARVEY	85 Zip Code 33417
82 Street Address (P.O. Box Number is Not Acceptable) 5195 FOX HALL DRIVE NORTH	
84 City WEST PALM BEACH FL	

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: **JAMES M HARVEY Sec/TREAS** DATE: **4/22/99**

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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JAMES M	3.2 NAME	
STREET ADDRESS	5195 FOX HALL DRIVE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WAYNE	4.2 NAME	M NELSON, WAYNE
STREET ADDRESS	225 MARGUERITA DRIVE	4.3 STREET ADDRESS	21 GEORGE ST
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with a different like empowerment.

SIGNATURE: **JAMES M HARVEY Sec/TREAS** Date: **4/22/99** Daytime Phone #: **561-687-0342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)