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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 # N93000005780

1. Corporation Name
FLORIDA FLY FISHING ASSOCIATION, INC.

Principal Place of Business C/O GREGORY PICKETT P.O. BOX 542345 MERRITT ISLAND FL 32964-2345	Mailing Address C/O GREGORY PICKETT 828 HERON ROAD COCOA FL 32926
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/20/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PICKETT, GREGORY 828 HERON RD COCOA FL 32926				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKETT, GREGORY	1.2 NAME	Mallory, Jon
STREET ADDRESS	828 HERON RD	1.3 STREET ADDRESS	405 Allen Drive
CITY-ST-ZIP	COCOA FL 32426	1.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, JOHN	2.2 NAME	Clifford, Beth
STREET ADDRESS	2796 GLORY CIRCLE	2.3 STREET ADDRESS	192 S. Magnolia
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	2.4 CITY-ST-ZIP	Melbourne, FL 32935
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANLEY, GREG	3.2 NAME	STANLEY, GREG
STREET ADDRESS	902 BLACK PINE COURT	3.3 STREET ADDRESS	902 Black Pine Court
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP	Rockledge FL 32955
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIPTON, RAY	4.2 NAME	Ingino, Joe
STREET ADDRESS	1560 BELLA CASA COURT	4.3 STREET ADDRESS	1435 Cepheus Court
CITY-ST-ZIP	MERRITT ISLAND FL 32952	4.4 CITY-ST-ZIP	Merritt Island, FL 32953
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 all other like empowered.

SIGNATURE: *Jon Mallory* SIGNATURE REQUIRED: *Mallory* 1-26-99 407-452-4861

CR2E037 (1/199)