

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 07 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P93000076036 (1)**  
 1. Corporation Name  
**BILLY BAITS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **11522 OVERSEAS HWY MARATHON FL 33050**  
 Mailing Address: **P.O. BOX 501402 MARATHON FL 33050 US**

3. Date Incorporated or Qualified: **11/03/1993**  
 4. FEI Number: **65-0446732**  
 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent  
**WILLIAM DANTZSCHER**  
**101 AVENUE G**  
**MARATHON FL 33050**

10. Name and Address of New Registered Agent (81-85)  
 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 11 TITLE  DELETE  
 NAME **PST DANTZSCHER, WILLIAM H.**  
 STREET ADDRESS **101 AVENUE G, P.O. BOX 501402**  
 CITY-ST-ZIP **MARATHON FL**  
 21 TITLE  DELETE  
 NAME **V DANTZSCHER, BARBARA**  
 STREET ADDRESS **101 AVENUE G, P.O. BOX 501402**  
 CITY-ST-ZIP **MARATHON FL**  
 31 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 41 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 51 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 61 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP  
 21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP  
 31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP  
 41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP  
 51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP  
 61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Barbara J Dantzschler - VP** **4/21/98** **305 289-1211**

CR2E034 (10/97)