

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

PROFIT CORPORATION ANNUAL REPORT 2000



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 MAY 26 PM 3:14



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000053321

1. Corporation Name SEIZOR FISHING PRODUCTS, INC.

Principal Place of Business

240 CAPTAINS WALK, #504 DELRAY BEACH FL 33483 US

Mailing Address

SEIZOR FISHING PRODUCTS, INC 240 CAPTAINS WALK, #504 DELRAY BEACH FL 33483 US

2. Principal Place of Business

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/19/1994

4. FEI Number

65-0511646

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 the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMO CORPORATE SERVICES INC 100 NE THIRD AVE SUITE 1100 FT LAUDERDALE FL 33301

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P DELETE

1.1 TITLE Change Addition

BIEGERT, REX 240 CAPTAINS WALK, 504 DELRAY BEACH FL

1.2 NAME 1.3 STREET ADDRESS 4000003291094--1

ST-ZIP DELETE

1.4 CITY-ST-ZIP -06/15/00--01060--011

TITLE DELETE

2.1 TITLE ***150.000 Change: 150.000

ST-ZIP DELETE

2.2 NAME 2.3 STREET ADDRESS

TITLE DELETE

3.1 TITLE Change Addition

ST-ZIP DELETE

3.2 NAME 3.3 STREET ADDRESS

TITLE DELETE

4.1 TITLE Change Addition

ST-ZIP DELETE

4.2 NAME 4.3 STREET ADDRESS

TITLE DELETE

5.1 TITLE Change Addition

ST-ZIP DELETE

5.2 NAME 5.3 STREET ADDRESS

TITLE DELETE

6.1 TITLE Change Addition

ST-ZIP DELETE

6.2 NAME 6.3 STREET ADDRESS

TITLE DELETE

6.4 CITY-ST-ZIP

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED

OFFICER OR DIRECTOR

5-23-00

DATE

561-274-0995

DAYTIME PHONE #