

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 10:38

DOCUMENT # P94000081992 (7)

1. Corporation Name
HOOK AND LINE, INC.

Principal Place of Business Mailing Address
**18465 CARIBBEAN BLVD.
MIAMI FL 33157** **18465 CARIBBEAN BLVD.
MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
11/03/1994

4. FEI Number Applied For
59-3280393 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. County 25. County 29. County 30. County

9. Name and Address of Current Registered Agent

**OESTERLE, RALPH E II
18465 CARIBBEAN BLVD.
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. City **FL** 85. Zip Code

71. 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

TITLE **D**

NAME **OESTERLE, RALPH E II**

STREET ADDRESS **18465 CARIBBEAN BLVD.**

CITY - ST - ZIP **MIAMI FL 33157**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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

74. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ralph E. Oesterle II** **4/7/95** **233-5398**
Signature and typed or printed name of officer or director Date Telephone Number

REMITTED BY [Signature]