

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

FILED

**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000088965 (5)
1. Corporation Name
SANIBEL LIGHT TACKLE GUIDE SERVICE, INC.



Principal Place of Business 2025 PERWINKLE WAY SANIBEL ISLAND FL 33957	Mailing Address 2025 PERWINKLE WAY SANIBEL ISLAND FL 33957-4103
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3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 08/01/1996
4. FEI Number APPLIED FOR 65-0624060	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent RIZZO, THOMAS F 2025 PERWINKLE WAY SANIBEL ISLAND FL 33957	10. Name and Address of New Registered Agent
	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 _____ DATE _____
Signature typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, STEPHEN	1.2 NAME	HELO ALFREDO M JR
STREET ADDRESS	1278 SANDCASTLE ROAD	1.3 STREET ADDRESS	939-BEACH ROAD
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	1.4 CITY-ST-ZIP	SANIBEL FLA 33957
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	V.S.D. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIZZO, THOMAS F	2.2 NAME	BOARDMAN JOHN
STREET ADDRESS	2340 PERWINKLE WAY, SUITE J-2	2.3 STREET ADDRESS	945-BEACH ROAD
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	2.4 CITY-ST-ZIP	SANIBEL ISLAND FLA 33957
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	T.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELO, AL JR.	3.2 NAME	RIZZO THOMAS F.
STREET ADDRESS	939 BEACH ROAD	3.3 STREET ADDRESS	2340 PERWINKLE PLACE J2
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	3.4 CITY-ST-ZIP	SANIBEL ISLAND FLA 33957
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do 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: *Thomas F. Rizzo* DATE: 1/16/97 941-395-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone If

CR2E034 (9/96)