

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # H36383 (8)**  
 1. Corporation Name  
**LOXAHATCHEE BAIT AND TACKLE, INC.**



Principal Place of Business: **14567 SOUTHERN BLVD. P O BOX 1322 LOXAHATCHEE FL 33470**

Mailing Address: **14567 SOUTHERN BLVD. P O BOX 1322 LOXAHATCHEE FL 33470-1322**

3. Date Incorporated or Qualified: **12/31/1984**  
 3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) Country

**14567 Southern Blvd**  
**Loxahatchee, FL**  
**33470 Palm Beach**

4. FEI Number: **59-2438004** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes  No

9. Name and Address of Current Registered Agent  
**VIERA, JOSE**  
**14915 SOUTHERN BLVD.**  
**LOXAHATCHEE FL 33470**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIERA, JOSE	1.2 NAME	
STREET ADDRESS	14567 SOUTHERN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, CRISTINA	2.2 NAME	
STREET ADDRESS	16859 77TH LANE NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIERA, CRISTINA	3.2 NAME	
STREET ADDRESS	11851 51ST CT N	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIERA, LISSETTE	4.2 NAME	
STREET ADDRESS	11851 51ST CT N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE		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		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: Cristina Viera Date: 4-28-97 Daytime Phone #: 561-793-6558

**RECEIVED**

CR2E034 (9/96)