

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 200480 (2)

1. Corporation Name

ANGLERS ABODE INC

Principal Place of Business

Mailing Address

% JOHN VOLKER
2715 LAKE DR.
RIVIERA BEACH FL 33404

% JOHN VOLKER
2715 LAKE DR.
RIVIERA BEACH FL 33404

FILED

Mar 20, 1996 08:00 AM

Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		03/05/1957		03/22/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0119968		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		29		30		Yes No	

9. Name and Address of Current Registered Agent

REYNOLDS, JAY
2715 LAKE DR
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name JOHN VOLKER
82 Street Address (P.O. Box Number is Not Acceptable) 2715 LAKE DRIVE, Apt 101
83
84 City RIVIERA BEACH FL 85 Zip Code 33404

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

John Volker

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	REYNOLDS, JAY	1.2 NAME	JOHN VOLKER
STREET ADDRESS	2715 LAKE DRIVE	1.3 STREET ADDRESS	2715 LAKE DR Apt 101
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	RIVIERA BEACH FL 33404
TITLE	D	2.1 TITLE	
NAME	LA ROSA, ANTHONY J	2.2 NAME	
STREET ADDRESS	5 VISTA CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSLYN HTS NY	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	NEVERS, JOHN E.	3.2 NAME	
STREET ADDRESS	2715 LAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John E. Nevers

JOHN E. NEVERS

3-15-96 407-881-9586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)