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

FILED Mar 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 200480 (2)ANGLERS ABODE INC Principal Place of Business Mailing Address % JOHN VOLKER 126 SHUNPIKE ROAD 2715 LAKE DR. MADISON NJ 07940 DO NOT WRITE IN THIS SPACE RIVIERA BEACH FL 33404 3. Date Incorporated or Qualified 03/05/1957 2. Principal Place of Business 2a. Mailing Address Applied For 26 65-0119968 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Žip Ζiρ Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHN VOLKER 2715 LAKE DRIVE, APT. 101 Street Address (P.O. Box Number is Not Acceptable) RIVERA BEACH FL 33404 83 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ROBERT CHRISTOPHER Achange 2715 LAKE DR. Apt 202 DELETE TITLE 11 TITLE VOLKER, JOHN NAME 12 NAME 2715 LAKE DRIVE, #101 STREET ADDRESS 1.3 STREET ADDRESS RIVIERA BEACH FL. RIVIERA BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE LA ROSA, ANTHONY J NAME 2.2 NAME **5 VISTA CT** STREET ADDRESS 2.3 STREET ADDRESS **ROSLYN HTS NY** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NEVERS, JOHN E. NAME 3.2 NAME 2715 LAKE DR. STREET ADDRESS 3.3 STREET ADDRESS RIMERA BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change noithba TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Change

Addition

DELETE

561-881-9586 CIGNATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME