

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **328038** (5)

1. Corporation Name  
**ESTES FISHING CAMP, INC.**



Principal Place of Business

**83998 OVERSEAS HIGHWAY  
PO BOX 874  
ISLAMORADA FL 33036**

Mailing Address

**83998 OVERSEAS HIGHWAY  
PO BOX 874  
ISLAMORADA FL 33036**

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22	27	City & State	
23	28	City & State	
24	29	Zip	Country
25	30	Zip	Country

3. Date Incorporated or Qualified <b>03/27/1968</b>	3a. Date of Last Report <b>06/16/1995</b>
4. FEI Number <b>59-1221030</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROBERTS, WILLIAM  
217 S ADAMS STREET  
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

81 Name	<b>ROOLANE KOCH</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>83998 Overseas Highway</b>
83	
84 City	<b>Islamorada</b>
85 Zip Code	<b>FL 33036</b>

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 607.0506, Florida Statutes.

SIGNATURE **ROOLANE KOCH** President **Roolane Koch** 8/2/96

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANGELAND, OLIVA</b>	
STREET ADDRESS	<b>83998 OVERSEAS HWY.</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>NIELSEN, MAGNHILD</b>	
STREET ADDRESS	<b>133 W PIPPIN DRIVE</b>	
CITY-ST-ZIP	<b>ISLAMORADA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Roolane Koch</b>	
13 STREET ADDRESS	<b>222 GULFVIEW DR</b>	
14 CITY-ST-ZIP	<b>Islamorada FL 33036</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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\*\*\*225.00

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: **Roolane Koch** **ROOLANE KOCH** 8/2/96 205-664-5295

CR2E034 (12/95)