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FILED
Apr 28 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 # 359322 (5)

1. Corporation Name
CAPT. HARRY'S FISHING SUPPLY CO., INC.

Principal Place of Business
100 NE 11TH ST
MIAMI FL 33132

Mailing Address
100 NE 11TH ST
MIAMI FL 33132-1726



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1970		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1299590		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent VERNON, HARRY D. JR. 100 NE 11 ST. MIAMI FL 33132				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	LIEDERMAN, CARL			1.2 NAME			
STREET ADDRESS	375 RIDGEWOOD ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE FL			1.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	VERNON, HARCOURT D			2.2 NAME			
STREET ADDRESS	350 RIDGEWOOD ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE FL			2.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	LIEDERMAN, LUANNE			3.2 NAME			
STREET ADDRESS	375 RIDGEWOOD ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE FL			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	VERNON JR., HARRY D			4.2 NAME			
STREET ADDRESS	100 ISLAND DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE FL			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ 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 _____

CR2E034 (9/96)