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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 372351

(7)

INTERNATIONAL GAMEFISHERMAN, INC.

Principal Place of Business Mailing Address					T I TERRER BEIN TOONS TIDOO VEEL DENKY TELL BRONE ETON OLDN OXDE ENDE HEDE			
8730 SW 43RD ST         8730 SW 43RD           MIAMI FL 33165         MIAMI FL 33165								
						3. Date Incorporated or Qualified 11/05/1970	3a. Date of Last R 03/07/1996	teport
<del></del> 1	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
Suite, Apt.	# pate	Suite, Apt. #, etc.				59-1313295	<b>60 7</b> E	ot Applicable Additional
22	, G.C.	27				5. Certificate of Status Desired	7-11	equired
City & State	:-	City & State				Election Campaign Financing     Trust Fund Contribution	☐ Added	May Be to Fees
Zip <b>24</b>	Country 25	Ζφ <b>29</b>	30 Cou	intry		8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes \tag No	i. 199.032,
27	9. Name and Address of Curre		30			10. Name and Address of New Reg		
HAR	DIE,JAMES J			61	Name		·	·***
8730 SW 43 ST				62	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
MIAJ	MI FL 33165			<b>B</b> 3			<del></del>	
				-				
				B4	City		FL 85 Zip	Code
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the Stat or familiar with, and accept the obli	e of Florida. Such channe was a	uthorizer	d by	the corporation	oration submits this statement for the proofs board of directors. I hereby accep	rpose of changing it the appointment as	ts registered registered
SIGNATURE	<del></del>							
12.	Signal as induction percent and other secretar OFFICERS AT	ped and fille 4.4, pedable (NOTE ND DIRECTORS	Fegisteret	u Age	nt signature require	ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIRECTOR	RS IN 12
TITLE	SVD	☐ DELETE	1111	TLE			Change	Addition
NAME	HARDIE, JAMES J		12 N	AME				
STREET ADDRESS	8730 S W 43RD ST		13 ST	REET	ADDRESS			
CHY-ST-ZIP	MIAMI FL	Desert	1.4 01		T - ZIP	<del></del>		
TITLE		☐ DELETE	2 1 11		1		Change	Addition
NAME CZINIEN LINDE SEE			22 N/		.000400			
STREET ADDRESS CITY+ST+ZIP			2.40		ADDRESS			
Tiff(f		☐ DELETE	3111		11-211		Change	Addition
NAME			3 2 N/	AME				Ì
STREET ADDRESS			3351	REET	ADDRESS			
C:1Y+S1+ZiP			34 C	IIY-S	17 - ZIP			
TITLE		☐ DELETE	4 1 TI				Change	Addition
NAME			4 2 N					
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		☐ DELETE	4 4 01		T- ZIP		☐ Change	Addition
THILE		L Journe	5.1 TI				⊏t ∩iκiige	700III0II
NAME STREET AUTOUSS			52N/		ADDRESS			
STREET ACORESS CITY - SY - ZIP			5.5 51		ADDRESS T- 7IP			
TITLE TITLE		☐ DELFTE	61 Ti		1-712		Change	Addition
NAME			6.2 N/				and ormige	
CTECET ACCIDEDE			620	ore.	AP-PROCES			

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 amust 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

Janus J. Harlie II JAMES J. HARDIE Present 1-12-97 (385)551-0320

SIGNATURE PILO TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

**FILED** 

Jan 17 1997 8:00am

Secretary of State