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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

372351

INTERNATIONAL GAMEFISHERMAN, INC. Principal Place of Business Mailing Address 8730 SW 43RD ST 8730 SW 43RD ST MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/05/1970 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 21 26 59-1313295 \$8.75 Additional Suite, Apt. #, etc Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Zφ Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HARDIE.JAMES J 8730 SW 43 ST 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 В3 84 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 penied name of registured agent and time if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition 1.1 TITLE TITLE SVD NAME HARDIE.JAMES J 1.2 NAME 8730 S W 43RD ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP Addition DELETÉ ☐ Change 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 Ricck 12 or Ricck 13 if changes or on an attachment with an address.

**FILED** 

Feb 16 1998 8:00am

Secretary of State