

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

**FILED**

**Mar 27 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 445238 (9)**  
 1. Corporation Name  
**ANGLER'S BOAT RENTALS, INC.**



Principal Place of Business <b>3224 N ROOSEVELT BLVD KEY WEST FL 33040-4115</b>	Mailing Address <b>3224 N ROOSEVELT BLVD KEY WEST FL 33040-4114</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/05/1974</b>	3a. Date of Last Report <b>02/02/1996</b>
21 Subt. Apt. #, etc.	26	4. FEI Number <b>59-1512433</b>		Applied For Not Applicable	
22 City & State	27	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29	30 Country		8. This corporation has liability for intangible tax under s 199 032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HARLAND, ROBERT E. 1431 12TH ST KEY WEST FL 33040</b>				10. Name and Address of New Registered Agent	
81 Name				<b>HARLAND, ROBERT E.</b>	
82 Street Address (P.O. Box Number is Not Acceptable)				<b>3224 N. ROOSEVELT BLVD.</b>	
83					
84 City				<b>Key West FL 33040</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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV <input type="checkbox"/> DELETE	1.1 TITLE	PV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARLAND, ROBERT</b>	1.2 NAME	<b>HARLAND, ROBERT</b>
STREET ADDRESS	<b>1431 12TH STREET</b>	1.3 STREET ADDRESS	<b>3224 N. ROOSEVELT BLVD.</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>	1.4 CITY-ST-ZIP	<b>KEY WEST, FL. 33040</b>
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARLAND, LINDA</b>	2.2 NAME	<b>HARLAND, LINDA</b>
STREET ADDRESS	<b>1431 12TH STR</b>	2.3 STREET ADDRESS	<b>3224 N. ROOSEVELT BLVD.</b>
CITY-ST-ZIP	<b>KEY WEST FL</b>	2.4 CITY-ST-ZIP	<b>KEY WEST, FL. 33040</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 included 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:  **ROBERT E. HARLAND** **3/24/97** (305) 294-7645  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)