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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(5)

1. Corporation Name

Principal Place of Business

GONFISHIN PRODUCTS, INC.

Mailing Address	

P O BOX 4171 FT LAUDERDALE FL 33338		P O BOX 4171 FT LAUDERDALE FL 33338					
					3. Date Incorporated or Qualified 10/06/1975	3a. Date of Last F 04/19/19	
Principal Place of Business 2a. Mailing Address				4. FEI Number 59-1631382		Applied For	
21		26			39-103 1302		Not Applicable 5 Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Gertificate of Status Desired	1 1 7 -	Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution	Ll Adde	ed to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s 199.032,		
24 25 29 29			30	Florida Statutes			
	9, Name and Address of Curre	nt Hegistered Agent	8	I Name	10. Name and Address of New A	registered Agont	
DYDKH	IRST ARTHUR R		_		(5.0. Co. Alicenter in New Assessments	al al	
PARKHURST, ARTHUR B 335 CORAL WAY		8	82 Street Address (P.O. Box Number is Not Acceptable)				
	DERDALE, FL		8	3			
	IDERDALE FL 33301		8	1 Oity		85 Z	ip Code
				1 '		FL 🗀	•
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida, Such change was autho tion 607.0505, Florida Statu	rized by the cor tes.	poration's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	Ommene as registere	d agent. I am
	Signature, typed or printed name of registered as a		(NOTE: Buyshered Ag	ent signature requere		DATE	ODE IN 10
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	Change	
TIFLE	PARKHURST, ARTHUR B.	<u>Пресси</u>	1 2 NAM				
NAME STREET ADDRESS	335 CORAL WAY			et address			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	l	14 CHY	į.			
TITLE		☐ DELETE	2 1 TITU			Change	ncitibbA
NAME			2.2 NAM				
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CITY - ST - ZIP			2 4 Cily			☐ Change	Addition
TITLE		DELETE	3 1 71/16			□ Change	
NAME			3 2 NAM				
STREET ADDRESS				ET ADORESS S1-ZiP			
CITY-ST-ZIP TITLE		[] DELETE	4 1 THIL			Change	Addition
NAME			4 2 NAM	i l			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4.0(1)	· S1 - ZIF			
TITLE		☐ DELETE	5 1 TITE			☐ Change	Addition
NAME			5.2 NAN				
STREET ADDRESS				ET ADDRESS			
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THE		Ü perere	6 2 NAM				
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STREET ADDRESS			I.	- S1 - 21P			
CITY - ST - ZIP			0 7 (01)			0.000.000.000	16.45-

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dises not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes if 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 13 if changed, given an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 305-763-1702

CR2E034 (12/95)