

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 552545

(6)

REWARD FISHING FLEET, INC.



Principal Place of Business

Mailing Address

% JOHN J. WATERMAN  
595 S.W. 107 AVE.  
MIAMI FL 33174

% JOHN J. WATERMAN  
595 S.W. 107 AVE.  
MIAMI FL 33174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1977

4. FEI Number

59-1782614

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1020 MACARTHUR CSWY

Suite, Apt. #, etc.

22 SLIPS #36, #37

City & State

23 Miami FL

Zip

24 33132-1613

Country

25 USA

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TIEGEN, ELAINE M CPA  
5401 COLLINS AVE., STE. 146  
MIAMI BCH. FL 33140

10. Name and Address of New Registered Agent

81 Name

John J. WATERMAN

82 Street Address (P.O. Box Number is Not Acceptable)

595 SW 107 AVE

83

84 City

Sweetwater

FL

85 Zip Code

33174-1516

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 John J. Waterman

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4/21/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WATERMAN, JOHN J

STREET ADDRESS 595 S.W. 107 AVE.

CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

John J. Waterman

John J. Waterman

4/21/98 (35) 258-2116

CR2E034 (10/97)