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

| PROFIT CORPORATION ANNUAL REPORT **1999** | FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS |
|---|---|

**DOCUMENT # 552545**

1. Corporation Name

**REWARD FISHING FLEET, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1020 MACARTHUR CSWY SLIPS #36 & 37 MIAMI FL 33132-1613 US | % JOHN J.WATERMAN 595 S.W. 107 AVE. MIAMI FL 33174 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
**11/14/1977**

| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number **59-1782614** | Applied For / Not Applicable |
|---|---|---|---|
| 21 | 26 | | |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certifcate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing ☐ Trust Fund Contribution | **$5.00** May Be Added to Fees |
| Zip  Country 24  25 | Zip  Country 29  30 | 8. This corporation owes the current year Intangible Personal Property Tax.  ☐ Yes ☑ No | |

| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
|---|---|---|---|
| WATERMAN, JOHN J. 595 SW 107TH AVE SWEETWATER FL 33174 | 81 | Name | |
| | 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| | 83 | | |
| | 84 | City | 85 Zip Code |
| | | FL | |

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 printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE **PD** | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME **WATERMAN, JOHN J** | | 1.2 NAME | |
| STREET ADDRESS **595 S.W. 107 AVE.** | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP **MIAMI, FL 00000** | | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: _____  John J Waterman  PD  4/30/99  305 551-0289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #

CR2E034 (11/98)