## 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 # 647373

NORTH	f river fisheries, inc.								
Principal Pla	ace of Business	Mailing	g Address			-	EBB 14810 ( <b>BBB) (</b> 1811 <b>8</b> 41	II BIBA BIBA BIBI	OMAN ENERN NOV
BOX 47002 LAKE MONRO	DE FL 32747	BOX 47 LAKE N	7002 Monroe FL 32747			DO N	OT WRITE IN TH	IIS SPACE	
2	Di-					3. Date Incorporated or 11/28/1979		NO OF AGE	
	Place of Business	<u>├</u> ──	iling Address			4. FEI Number		A	pplied For
Suite, Apt	t # atc	26	ib.			59-2024953		. No	ot Applicable
22 City & Sta		27	ite, Apt. #, etc.		- · ·	5. Certificate of Status De		•	Additional lequired
23	12	28	y & State			Election Campaign Fir Trust Fund Contribution	n L	Added	May Be to Fees
Zip	Country	Zip	•	Country		8. This corporation owes	the current year I		
24	9. Name and Address of Curre	29	d Agent	30		Personal Property Tax		☐Yes	□No
	1447 C 134 S		a Agent	81	Name	10. Name and Address of	of New Registere	d Agent	
108	STON, JAMES JR. 80 ELDER RD.					ss (P.O. Box Number is Not	Acceptable)	<del></del> .	
LAK	KE MONTE FL 32747			83		164 (2) 25 (2) 12 (4)	<u> </u>	. Market Committee ( ) and () of the committee () () of the commit	PLANT SHEET BY
						र स्था है वेहर शिक्ष है।	紅洲類別組織	即動物	
States States				84	City	***************************************	F	85 Zip (	Code
11. Pursuant	t to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.15	508, Florida Statut	tes, the above-	named corpor	ation submits this statemen	for the purpose of	of changing its	registered
agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Si lations of, Sec	uch change was a tion 607.0505. Flo	uthorized by th orida Statutes.	ne corporation	's board of directors. I herel	by accept the app	ointment as re	gistered
	•					•		4	
SIGNATURE	Signature, typed or printed name of registered ago				signature required v	when reinstating);/	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applic	RS	Registered Agent s	signature required v	ADDITIONS/CHANGES			ORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS A			13.	signature required v			AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS AI PD BOSTON, JAMES JR		RS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	OFFICERS A  OFFICERS A  PD  BOSTON, JAMES JR  BOX 47002 N/A		RS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AG	DDRESS	ADDITIONS/CHANGES			
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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.

CITY-ST-ZIP.

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90004 022 \*\*\*150.00