

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **734558** (0)

1. Corporation Name

OLD SALT FISHING CLUB, INC.



Principal Place of Business

**4980 52ND ST. NORTH
SUITE M
ST PETERSBURG FL 33709
US**

Mailing Address

**4980 52ND ST NORTH
SUITE M
ST. PETERSBURG FL 33709
US**

3. Date Incorporated or Qualified
12/10/1975

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **4980 52nd St. No.**

26 **4980 52nd St. No.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **St. Petersburg, FL**

28 **St. Petersburg, FL**

24 Zip

29 Zip

25 Country

30 Country

33709

33709

US

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOX, STEVEN E.
4980 52ND STREET NORTH
ST. PETERSBURG FL 33709**

81 Name

FOX, GEORGE E.

82 Street Address

4980 52nd St. No.

83 City

St. Petersburg

84 State

FL

85 Zip Code

33709

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

George E. Fox

George E. Fox Treasurer

3/5/96

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	D	<input type="checkbox"/> DELETE
NAME	AUTENREITH, AL	
STREET ADDRESS	4725 COVE CIR APT 811	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LYNN SHELTON	
STREET ADDRESS	5625 92ND AVE N	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LISHEID, HANK	
STREET ADDRESS	12440 CAPRI CIRCLE NO	
CITY - ST - ZIP	TREASURE ISLAND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, TOM	
STREET ADDRESS	109 19ST ST	
CITY - ST - ZIP	BELAIRE BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HASSON, JIM	
STREET ADDRESS	6237 28TH AVENUE NORTH	
CITY - ST - ZIP	ST PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TERNES, MARK	
STREET ADDRESS	7084 65TH ST. NORTH	
CITY - ST - ZIP	PINELLAS PARK FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larry Henschmidt
2.3 STREET ADDRESS	6761 Bryan Driv Rd. #413
2.4 CITY - ST - ZIP	Largo, FL 34647
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George E. Fox
3.3 STREET ADDRESS	4980 52nd St. No.
3.4 CITY - ST - ZIP	St. Petersburg, FL 33709
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Art Dimiter
4.3 STREET ADDRESS	8625 Oriole Lane
4.4 CITY - ST - ZIP	Largo, FL 34647
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mark Ternes
5.3 STREET ADDRESS	7084 65th St. No.
5.4 CITY - ST - ZIP	Pinellas Park, FL 34665
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lorrie DeLuca
6.3 STREET ADDRESS	19182 128th Terr. No.
6.4 CITY - ST - ZIP	Largo, FL 34647

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 18.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George E. Fox **George E. Fox Treas.** **3/5/96** **813-525-2069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E037 (12/95)