

FILED
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Secretary of State

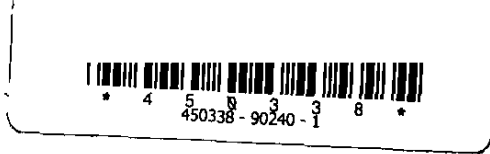
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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734558
1. Corporation Name
OLD SALT FISHING CLUB, INC.

Principal Place of Business: P. O. BOX 8564, MADEIRA BEACH FL 33738, US
Mailing Address: P. O. BOX 8564, MADEIRA BEACH FL 33738, US



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/10/1975
4. FEI Number: 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

9. Name and Address of Current Registered Agent
DALE, DAVID N.
4135 FOURTH AVE NORTH
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 617.0903, Florida Statutes.

SIGNATURE: DAVID DALE
PRESIDENT 2/15/99

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	AUTENREITH, AL
STREET ADDRESS	4725 COVE CIR APT 811
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HANSCHMIDT, LARRY
STREET ADDRESS	6701 BRYAN DAIRY RD, #413
CITY-ST-ZIP	LARGO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FOX, GEORGE E.
STREET ADDRESS	4980 52ND ST NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DIMTER, ART
STREET ADDRESS	8625 ORIOLE LANE
CITY-ST-ZIP	LARGO FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	TERNES, MARK
STREET ADDRESS	7084 65TH ST NORTH
CITY-ST-ZIP	PINELLAS PARK FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DELUCA, LORIE
STREET ADDRESS	10182 128TH TERR NORTH
CITY-ST-ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAROL F. GRAVES	Secretary
1.3 STREET ADDRESS	4750 COVE CIRCLE #905	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33708	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEONARD T. MRISCIN	Vice President
2.3 STREET ADDRESS	120 9TH ST, EAST	
2.4 CITY-ST-ZIP	TIERRA VERDE, FL. 33715	
3.1 TITLE	BOARD MEMBER AT LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEPHANIE A. HEBLON	Director
3.3 STREET ADDRESS	8310 VALLEJO PLACE	
3.4 CITY-ST-ZIP	TAMPA, FL 33614	
4.1 TITLE	BOARD MEMBER AT LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	C.K. ZETHMAYR	DIRECTOR
4.3 STREET ADDRESS	359 144TH AVE G	
4.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708	
5.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOE SHEEHAN	Director
5.3 STREET ADDRESS	16110-4TH ST EAST	
5.4 CITY-ST-ZIP	REDINGTON BEACH FL 33708	
6.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID N. DALE	President
6.3 STREET ADDRESS	4135 FOURTH AVE NORTH	
6.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713	

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 617, 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: DAVID DALE
PRESIDENT 2/15/99 727 328-7699

CR2E037 (1/198)

CEJ



See changes made in Box 13