

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 739211 (1)
1. Corporation Name
FLORIDA KEYS FISHING GUIDES ASSOCIATION INC.



Principal Place of Business Mailing Address
P.O. BOX 936 ISLAMORADA FL 33036 P.O. BOX 936 ISLAMORADA FL 33036-0936

3. Date Incorporated or Qualified 06/02/1977 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	NOT APPLICABLE	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HAGOOD, RICHARD A. 309 PALM AVE. ISLAMORADA FL 33036		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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P COLLINS, MICHAEL	1.1 TITLE	
NAME	138 ROYAL LA.	1.2 NAME	
STREET ADDRESS	ISLAMORADA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD VIEH, BARRY	2.1 TITLE	
NAME	130 W PIPPIN	2.2 NAME	
STREET ADDRESS	ISLAMORADA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D PRIBYL, MATT	3.1 TITLE	
NAME	130 PALM LANE	3.2 NAME	
STREET ADDRESS	ISLAMORADA FL 33036	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD HAGOOD, DICK	4.1 TITLE	
NAME	309 PALM AVE	4.2 NAME	
STREET ADDRESS	ISLAMORADA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KIPP, JOHN	5.1 TITLE	
NAME	69401 OVERSEAS HWY	5.2 NAME	
STREET ADDRESS	LONG KEY FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	TD BRYANT, SID	6.1 TITLE	
NAME	SOUTH HAMMOCK DR.	6.2 NAME	
STREET ADDRESS	ISLAMORADA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____

CR2E037 (9/96)