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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739211 (1)
 1. Corporation Name
FLORIDA KEYS FISHING GUIDES ASSOCIATION INC.



Principal Place of Business P.O. BOX 836 ISLAMORADA FL 33036	Mailing Address P.O. BOX 836 ISLAMORADA FL 33036
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3. Date Incorporated or Qualified 06/02/1977	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

HAGOOD, RICHARD A.
309 PALM AVE.
ISLAMORADA FL 33036

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 617.0503, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VICE <input checked="" type="checkbox"/> DELETE COLLINS, MICHAEL 138 ROYAL LA. ISLAMORADA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> DELETE VEH, BARRY 130 W PIPPIN ISLAMORADA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE PRIBYL, MATT 130 PALM LANE ISLAMORADA FL 33036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> DELETE HAGOOD, DICK 309 PALM AVE ISLAMORADA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE KIPP, JOHN 69401 OVERSEAS HWY LONG KEY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> DELETE BRYANT, SID SOUTH HAMMOCK DR. ISLAMORADA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P BREWER, CRAIG PO BOX 1 951 (81648 US HWY 1) ISLAMORADA FL 33036
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR BOARD GARY ELLIS PO BOX 273 (14 NORTH DR) ISLAMORADA FL 33036
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR BOARD MARIO del TORO PO BOX 551 (81648 US HWY 1) ISLAMORADA FL 33036
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VICE DIRECTOR MIKE COLLINS 138 ROYAL LANE ISLAMORADA FL 33036
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD BARRY VIEH 130 PIPPIN ISLAMORADA FL 33036
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTORS BOARD DICK HAGOOD 309 PALM AVE ISLAMORADA FL 33036

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.

SIGNATURE: *[Handwritten Signature]*

CPRE037 (10/97)