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Secretary of State

03-01-1999 90243 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739211

1. Corporation Name
FLORIDA KEYS FISHING GUIDES ASSOCIATION INC.

140817-90243-35

Principal Place of Business P.O. BOX 936 ISLAMORADA FL 33036	Mailing Address P.O. BOX 936 ISLAMORADA FL 33036
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/02/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 85 Zip Code FL
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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 D	<input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BREWER, CRAIG		1.2 NAME ELIIS, GARY	
STREET ADDRESS P.O. BOX 951		1.3 STREET ADDRESS PO BOX 273	
CITY-ST-ZIP ISLAMORADA FL 33036		1.4 CITY-ST-ZIP ISLAMORADA, FL 33036	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIH, BARRY		2.2 NAME MICHAEL COLLINS	
STREET ADDRESS 130 W PIPPIN		2.3 STREET ADDRESS PO BOX 803	
CITY-ST-ZIP ISLAMORADA FL		2.4 CITY-ST-ZIP ISLAMORADA, FL 33036	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL TORO, MARIO		3.2 NAME	
STREET ADDRESS P.O. BOX 551		3.3 STREET ADDRESS	
CITY-ST-ZIP ISLAMORADA FL 33036		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAGOOD, DICK		4.2 NAME	
STREET ADDRESS 309 PALM AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP ISLAMORADA FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VIH, BARRY		5.2 NAME	
STREET ADDRESS 130 PIPPIN		5.3 STREET ADDRESS	
CITY-ST-ZIP ISLAMORADA FL 33036		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAGOOD, DICK		6.2 NAME	
STREET ADDRESS 309 PALM AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP ISLAMORADA FL		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 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: **BARRY VIH** *BARRY VIH* Date: **Jan 16, 1998** Daytime Phone #: **305 852 8351**

CR2E037 (11/98)