

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 18, 1999 8:00 am**  
**Secretary of State**

08-18-1999 90005 027 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 765789**

1. Corporation Name

**ATLANTIC GAMEFISH FOUNDATION, INC.**

Principal Place of Business  
8265 SW 117 TERRACE  
MIAMI FL 33156

Mailing Address  
8265 SW 117 TERRACE  
MIAMI FL 33156



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/18/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2252602	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	
Country		Country			
25		30			

**9. Name and Address of Current Registered Agent**

**KUNDE, CLIFFORD A.**  
8265 SW 117 TERRACE  
MIAMI FL 33156

**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	PD	<input type="checkbox"/> DELETE
NAME	KUNDE, GEORGE H.	
STREET ADDRESS	17401 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TASHMAN, PHILLIP	
STREET ADDRESS	11020 SW 75TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TSDM	<input type="checkbox"/> DELETE
NAME	KINDE, CLIFFORD A.	
STREET ADDRESS	8265 SW 117TH TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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 checked="" type="checkbox"/> Addition
2.2 NAME	T/D WENDY CARR
2.3 STREET ADDRESS	7300 N. KENDALL DR. SUITE 400
2.4 CITY-ST-ZIP	MIAMI FL 33156
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D/M CLIFFORD A KUNDE
3.3 STREET ADDRESS	8265 SW 117 TERR.
3.4 CITY-ST-ZIP	MIAMI, FL 33156
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/P JANET B. VEDO
4.3 STREET ADDRESS	8265 SW 117 TERR.
4.4 CITY-ST-ZIP	MIAMI, FL 33156
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D SCOTT BROWN
5.3 STREET ADDRESS	7300 N. KENDALL DR. SUITE 400
5.4 CITY-ST-ZIP	MIAMI FLA 33156
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D RUD HAYNIE
6.3 STREET ADDRESS	21045 SW 150 AVE
6.4 CITY-ST-ZIP	MIAMI, FL 33187

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:** *Clifford A. Kunde* **CLIFFORD A. KUNDE** 22 July 99 305 233 8055  
Date Daytime Phone #

CR2E037 (5/99)