FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:29

DOCUMENT # 768448 (3)

1. Corporation Name
FISH AND GAME UNLIMITED, INC.

Principal Place of Business	Mailing Address
P. O. BOX 126 HOMESTEAD FL 33090-0126	P. O. BOX 126 HOMESTEAD FL 33090-0126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1983
3a. Date of Last Report: 08/10/1994
4. FEI Number: 59-2328264 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LYNN, JOHN M
48 N.E. 15 STREET
SECOND FLOOR
HOMESTEAD FL 33030

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	FERGUSON, GARY	1.2 NAME	Jody Perlmutter	
STREET ADDRESS	237055 W 153 COURT	1.3 STREET ADDRESS	1510 Trillo Ave	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Coral Gables, Fl.	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, WILLIAM H III	2.2 NAME		
STREET ADDRESS	15904 SW 300 AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	PERLMUTTER, JODY	3.2 NAME	D.L. Maynard	
STREET ADDRESS	1510 TRILLO AVE.	3.3 STREET ADDRESS	8200 S.W. 105 St	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Miami, Fl. 33156	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	GLENN, CHARLES E.	4.2 NAME	Arnold K. Elovaara	
STREET ADDRESS	18200 S.W. 296TH ST.	4.3 STREET ADDRESS	12934 S.W. 133 Ct.	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	Miami, Fl. 33186	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: K.L. Maynard 1-25-95 (305) 252-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040717