

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **05/16/1983** 3a. Date of Last Report **02/02/1995**
4. FEI Number **59-2328264** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PERLMUTTER, JODY	
STREET ADDRESS	1510 TRILLO AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, WILLIAM H III	
STREET ADDRESS	15904 SW 300 AVE.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MAYNARD, D.L.	
STREET ADDRESS	8260 S.W. 105ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ELOVANNRA, ARNOLD K.	
STREET ADDRESS	12934 S.W. 133CT	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Karl Greer	
1.3 STREET ADDRESS	14781 SW 238 ST	
1.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary Ferguson	
2.3 STREET ADDRESS	23905 SW 153 CT	
2.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dave Beem	
4.3 STREET ADDRESS	12930 SW 190 ST	
4.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: [Signature] 3/8/96 305-252-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)