

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 768448 (3)**  
1. Corporation Name  
**FISH AND GAME UNLIMITED, INC.**



Principal Place of Business <b>P. O. BOX 126 HOMESTEAD FL 33090-0126</b>	Mailing Address <b>P. O. BOX 126 HOMESTEAD FL 33090-0126</b>
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3. Date Incorporated or Qualified <b>05/16/1983</b>	
4. FEI Number <b>59-2328264</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREER, KARL	1.2 NAME	
STREET ADDRESS	14781 SW 238 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGURSON, GARY	2.2 NAME	
STREET ADDRESS	23705 SW 153 COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLSON, GREGORY	3.2 NAME	TD THOMAS, BRUCE A
STREET ADDRESS	23080 S.W. 180TH CT	3.3 STREET ADDRESS	19950 SW 286 ST
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33030
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEB, DAVE	4.2 NAME	SD NICHOLSON, GREGORY
STREET ADDRESS	12930 SW 190 STREET	4.3 STREET ADDRESS	23060 SW 180 CT
CITY-ST-ZIP	HOMESTEAD F	4.4 CITY-ST-ZIP	MIAMI, FL 33030
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: \_\_\_\_\_ Date: **3-4-98** (305-750 6267)

CR2E037 (10/97)