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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H40614 (0)

1. Corporation Name
GENESIS SPORTFISHING, INCORPORATED



Principal Place of Business
M.M. 84.5 #11
HOMESTEAD FL 33033-1229
US

Mailing Address
40 HIGH POINT RD.
G-105 BOX 12
TAVERNIER FL 33070-4000
US

3. Date Incorporated or Qualified
02/01/1985

3a. Date of Last Report
06/05/1996

4. FEI Number
59-2494590

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
21 M.M. 84.5
Suite, Apt. #, etc.
22 #11
City & State
23 ISLAMORADA FLA
Zip
24 33070 Country
25 Monroe

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

DEUEL, CURTIS
40 HIGH POINT RD BOX 12
UNIT G-105
TAVERNIER FL 33070

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
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	DP	<input type="checkbox"/> DELETE
NAME	DEUEL, CURTIS	
STREET ADDRESS	15625 SW 288TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	DEUEL, CURTIS	
STREET ADDRESS	15625 SW 288 ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DEUEL, REGINA	
STREET ADDRESS	15625 SW 288 ST	
CITY-ST-ZIP	HOMESTEAD 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	D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEUEL, CURTIS	
1.3 STREET ADDRESS	40 High Point Rd. G-105 Box-12	
1.4 CITY-ST-ZIP	TAVERNIER, FLA. 33070	
2.1 TITLE	DEUEL, CURTIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEUEL, CURTIS	
2.3 STREET ADDRESS	40 High Point Rd. G-105 Box-12	
2.4 CITY-ST-ZIP	TAVERNIER, FLA. 33070	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEUEL, REGINA	
3.3 STREET ADDRESS	40 High Point Rd. G-105 - Box-12	
3.4 CITY-ST-ZIP	TAVERNIER FLA. 33070	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Curtis Deuel* CURTIS DEUEL 1-25-97 (305) 852-9252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)